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Journal of Social Hygiene

Yearly Summary—Part I

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AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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Journal of Social Hygiene

VOL. 21

JANUARY, 1935

NO. 1

THE GROWTH OF VOLUNTARY HEALTH AGENCIES

AS ILLUSTRATED BY THE AMERICAN SOCIAL HYGIENE ASSOCIATION

WILLIAM F. SNOW, M.D.

General Director

The growth of voluntary health associations in the United States has produced in outward appearance many types of organization. Close examination, however, reveals characteristics common to all of them. Each one had its origin in the acquisition of knowledge which if applied might reduce the prevalence of a disease or improve standards of healthful living. Each began by drawing together a small number of trusted leaders, who studied the specific problems related to its field, and decided upon the first steps to be taken. Each faced the necessity of devising a public information service for telling people what could be done; and for building up a membership of informed citizens who could be counted on to support the necessary measures to be applied.

This soon created a demand from local societies for a national clearing house to which each might look for suggestions and reports on the experience of the other groups.

This in turn required supplementing by the collection and interpretation of statistics and other data. A field service had to be set up to adapt proposals to local conditions and to

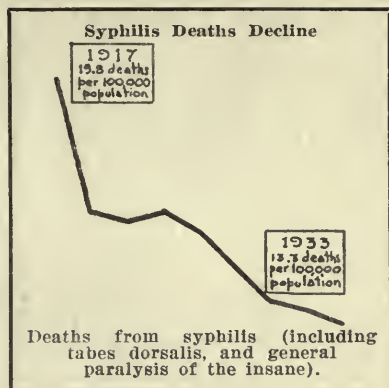
learn more about difficulties not previously encountered. Each national agency found it advisable to publish a journal to present data and opinions and to record activities and achievements. As the local groups settled down to definite programs in their respective communities, extension of activities to new localities was left to the national organization. Gradually the latter became the manufacturer, so-to-speak, while the former served as distributor to the public. The national agency produced new proposals, legislative measures, informational pamphlets, publicity, lectures and teaching aids; while the local societies carried on the work of utilizing effectively all these materials. In order to facilitate this division of labor and for other reasons, regional and state agencies were built up between the national and local parts of the organization in most of the specific health fields. Finally in communities, states, and nation the increasing recognition of common ground among all the health agencies has been leading toward health councils of one type or another.

In all this history the American Social Hygiene Association has had a part. It started from three separate groups—one believing that something could be done with the problems of syphilis and gonococcal infections; another confident that the evils of commercialized prostitution could be minimized; and a third convinced that silence and the withholding of knowledge of sex as a normal factor in human life had created conditions and personal difficulties which would disappear or be minimized, as a rational program of sex education gained headway. These groups promptly found they were overlapping each other's fields and were inevitably dependent on each other in many ways. They agreed that one national clearing house could serve all their needs. The name "social hygiene" was adopted as broadly covering the wide range of their social and health problems.

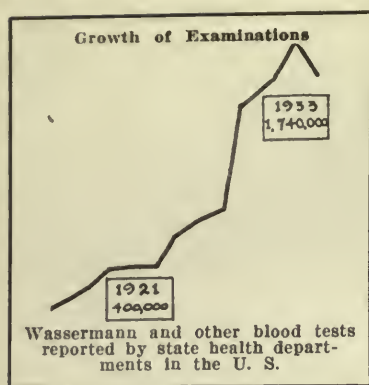
From 1914, when these groups merged nationally to form the American Social Hygiene Association, it was agreed that nothing would be undertaken which could be done better by some other agency, and that no activity would be carried beyond the time when it could be transferred to some existing permanent agency—official or voluntary. Furthermore it was agreed that the nature and complexity of social hygiene work and objectives made it desirable to work through other agencies from the beginning so far as possible. Thus it came about that this work has been promoted by the national association chiefly through parent-teacher groups, medical and other professional societies, social work agencies, character building organizations, women's organizations and other permanent lay and professional bodies. Fortunately the financing of a large part of the national budget by one generous understanding contributor, favored this plan

of protecting the movement from sensational and crusading exploitation, and undue stressing of sex and its scientific and social implications.

The Association proceeded with the selection of a membership representative of the educational, medical, religious and social welfare leaders of the country. This group went into action on a nationwide basis before the war; did notable work during the war; and has continued its efforts in subsequent years to plant social hygiene activities firmly in the official health and welfare services of Federal, state and local governments; and in the programs of educational, religious and social voluntary agencies.



How far the movement has progressed may be suggested by citation of a few facts, with particular reference to the medical and public health problems involved. In 1914 the medical profession was just beginning to test the new weapons science had perfected for making possible early and accurate diagnosis of syphilis, for treating such cases, and for intelligently providing after-care and treatment calculated to prevent further damage to the individual and exposure of other persons. All this new knowledge had to be tried out and adapted to social conditions and administrative practices. There were practically no public laboratories and few private ones properly equipped to make all the necessary blood and other examinations for syphilis. Now, every state and nearly all cities provide such services. Clinical study and treatment facilities were likewise inadequate twenty years ago; whereas today the resources of private practice are supplemented by more than eight hundred clinic services, in addition to increased hospital and institutional facilities. And in the field of private practice the growing interest of physicians in the social and health as well as purely medical aspects of this problem has added greatly to the results achieved. From no reporting of venereal diseases twenty-five years ago, the recording of information concerning such cases and its confidential use in aiding patients and protecting families and others, has grown steadily until the U. S. Public Health Service in 1932 reported the receipt of over 400,000 case reports of syphilis and gonococcal infections. While this is presumably far below the total number of all these cases in existence, it shows the trend of efforts to do something effective about the problem. This trend is also indicated by the growth of blood examinations for syphilis in the civilian population which mounted rapidly after the War to several hundred thousand annually, then more gradually to 1,740,000 in 1933. It is a fair assumption that the physicians submitting these specimens followed up the infected cases by treatment; and there is evidence to suggest that such discovery and treatment are on the increase in the early stages of syphilis. This is of



great importance because the communicability of syphilis is promptly inhibited and kept under control by treatment. Up to the present time gonorrhea presents greater difficulties and uncertainty of results in both treatment and prevention; but much is being done and there is promise of more rapid progress in the future. For these reasons the Association's program of medical and public health activities, outlined in this number of the JOURNAL in the article *Strategy and Campaign in*

the Medical and Public Health Salients—1934, by Dr. Walter Clarke, stresses the widest use of diagnostic facilities and prompt treatment of all found infected by either syphilis or gonorrhea. The diagrammatic insets distributed through this article are additional indications that encouraging progress is being made in all phases of the social hygiene movement.

The practical methods of dealing with this dangerous group of infectious diseases have been developed and tested. How much further and how fast we may go in reducing their prevalence and damage to individuals and the general public, depends on the amount of money and personnel assigned to the work. The extent and cost of these diseases to the United States may be inferred from the figures for one state, which represents roughly a tenth of the total population.

The recent report of the Governor's Special Health Commission in New York State had this to say:

Extent of the Problem

If the rate based upon the one-day survey of 1930 is reasonably accurate, and other communicable diseases are reported at least 55 per cent, then measles is the only disease as prevalent as either syphilis or gonorrhea.

The extent of the problem can be appreciated by comparing it with some of the other communicable diseases, for example tuberculosis. In upstate New York, 1929 tuberculosis records show 8,169 cases and 4,142 deaths; while syphilis was estimated as 25,000 cases and 3,610 deaths.

Estimated Cost of Medical Care for Syphilis Cases

Based on an estimated attack rate for syphilis of 4.4 per thousand for upstate New York and 8.0 for New York City, there would be 73,000 new infections per year. A moderate estimate of the cost per year for treating a case of early syphilis is \$200. Hence, adequate medical care for persons with syphilis would cost around \$15,000,000 a year.

Cost to State for Institutional Cases

In state institutions there are approximately 2,000 patients suffering from general paralysis. The cost of building and equipping state institutions is approximately \$4,000 per capita. Thus, facilities in state institutions for the care of cases of general paralysis are valued at about \$8,000,000. The cost of maintenance not including administrative cost or charges on investments is approximately \$400 a year, per patient. The annual cost for the maintenance of 2,000 cases of general paralysis would be approximately \$800,000.

Estimated Cost of Medical Care for Gonorrhea Cases

Based on an estimated attack rate of gonorrhea of 7.4 per thousand for upstate New York and 13.4 for New York City, there would be a total of 122,000 cases of new infections of gonorrhea annually. A conservative estimate of the cost for treating an early case of gonorrhea over a period of eight weeks is \$60. Hence, the cost for medical care would total approximately \$7,000,000 annually.

Mental Patients Benefited

The trend of syphilis control in relation to care of the insane is shown by the following: In New York State mental hospitals, the per cent of first admissions due to general paralysis of the insane dropped from 13.4 in 1918 to 9.3 in 1933—a decline of 31 per cent.

These admissions represent in terms of general population a reduction from 9.1 to 7.6 per 100,000, or 16 per cent.

A large part of these cases in the United States are now being discovered early in the development of the condition, when treatment is much more hopeful. What this means both to patients and the taxpayers can hardly be estimated either in money saved or tragic consequences averted.

Saving Children's Lives

1917
1.2 per
1000

1933
0.8 per
1000

Infant deaths from syphilis (under 1 year per 1,000 live births).

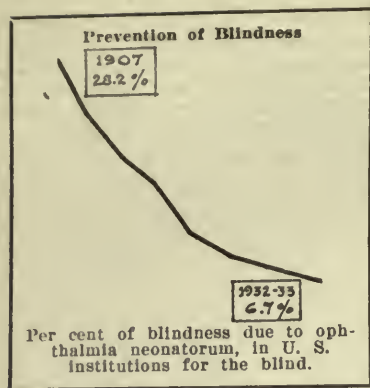
Summary Cost of Medical Care

Total cost annually for adequate medical treatment for syphilis and gonorrhea.....	\$22,800,000
Medical care for syphilis.....	\$15,000,000
Medical care for gonorrhea.....	7,000,000
Institutional care for general paralysis....	800,000
Value of state institutions for care of general paralysis.	8,000,000

The gravity of these diseases need not be dwelt upon here. It is well known that they are major causes of sterility, chronic invalidism, and a high mortality as well as of blindness in children and adults. Syphilis, the cause of locomotor ataxia and general paralysis of the insane, as well as of about a quarter of cardio-vascular diseases was called by Sir William Osler, the greatest killer.

The effect of measures already instituted in reducing the incidence of the venereal diseases cannot be measured precisely, owing to the inadequacy of available statistics. Yet it is to be noted in this state the death rate from general paralysis in civil state institutions in six years dropped almost one-half (from 321 to 175) while in five years the recoveries from this disease increased from 0 to 1.8 per cent of admissions, the improved cases from 9.9 to 26.7 per cent. Deaths due to congenital syphilis have shown a corresponding decrease over a similar period of time.

President Roosevelt, then Governor of New York, after reviewing the Commission's report, said in presenting it to the Legislature: "I need not point out to you how closely bound up is the prosperity of the state with its public health. . . . Nothing can, of course, have so determining an influence upon prosperity as the continuous earning power of its citizens, unimpaired by preventable diseases or interrupted by premature death. Nor need I point out to you the great humanitarian value of protecting our people. . . . These public health experts have sent to me their prescription for their patient—the State of New York. You and I can, and should, join hands in

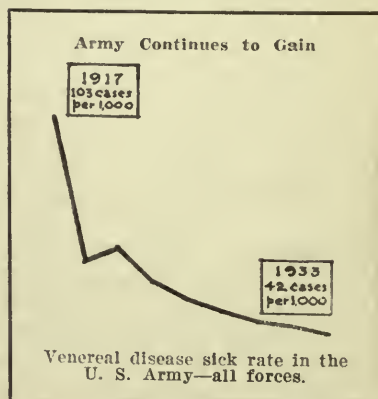


filling this prescription in the form of legislation." The state health department, the welfare department, the commission for the blind, and other official services are all at work on these problems; assisted by such voluntary bodies as the State Charities Aid Association, the Social Hygiene Committee of the New York Tuberculosis and Health Association, social hygiene societies in other cities and counties, and standing committees of many other agencies. This is a vastly different picture from the

early days when the American Social Hygiene Association was doing pioneer extension work in the state and the Bureau of Social Hygiene was financing an experimental advisory clinic service in the New York City Department of Health. State by state, the facts have been gathered; laboratory and treatment facilities have been developed; follow-up services have been launched; and public approval and funds have been secured. All these have been growing steadily until the last few years, when financial retrenchment and absorption of the public in emergency situations, have checked and in many localities caused, temporarily at least, the elimination of the work. The national association is doing what it can to prevent unnecessary losses and to pave the way for resumption of the curtailed activities as soon as times get better.

Meanwhile the Association has had opportunity to assist in the incorporation of treatment and control measures for syphilis and gonococcal infections among the large numbers of citizens enrolled by the Federal Government in the Civilian Conservation Corps, the care of the transients, the families on relief, and other groups. It should be said, however, that absorption of a good part of the staff in the medical phases of the work in 1934 does not imply any change in the Board of Directors' estimate of the values of educational, legal, protective, and other aspects of social hygiene, and the importance of again expanding these parts of the work when possible.

Much has been accomplished and is now being done in the legal and protective fields of social hygiene. In the days of recognized "red light districts" and openly tolerated combinations of saloons and "houses of ill-fame", the Association faced the urgency of fighting these evils before it could devote energies to constructive plans



for community and family safeguards. The study, adoption, and enforcement of injunction and abatement laws as practical measures for dealing with flagrant commercialized prostitution illustrate the thoroughness which has marked the Association's policy of building these phases of its program. Public opinion travelled a long way from the days when every large city had its officially recognized "red light" district, to the time when Reno, Nevada, stood out as the only city recorded as continuing this policy. Below the surface,

of course, commercialized prostitution existed; but it had been steadily reduced in volume and had become less conspicuous. Then came the depression years, economic pressure for renting buildings regardless of the use tenants made of them, stimulation of street soliciting, open sale of obscene pictures, and the tie-up of these activities with objectionable dancing and drinking. The increasing seriousness of these conditions has been accompanied by retrenchment in police personnel and less attention to safeguarding the environment, and by the closing of many voluntary law enforcement agencies. An inevitable trend toward toleration of flagrant prostitution practices is noticeable. But it is encouraging to observe the public reaction against letting these practices take root again. The national association, naturally, is called upon more urgently than ever before to advise and participate in community efforts to combat the return of the conditions which existed a quarter of a century ago. *Facing an Old Problem*, by Bascom Johnson, elsewhere in this JOURNAL, is an account of how the Association is meeting these demands and planning for the future.

The social hygiene education work of the Association has been marked with care and caution from its initial studies of the matter and method of sex education; through the experimental years leading to general acceptance of established points in home and school and church instruction; and on to the consideration of practical ways and means of education for marriage and family social relations and the development of useful marriage counselling services. "Today as never before,* children and young people need sympathetic understanding and wise interpretations of life situations to help them maintain their mental equilibrium in a vertiginous atmosphere. They need a strong antidote to counteract the insidious exploitations of sex presented to them by the screen, the radio, the printed page, unthinking adults, and by their associates. If parents and teachers cannot

Communities Safeguarded

Twenty-five years ago practically every large city had its officially recognized "red-light" district for commercialized prostitution. By 1920, more than 200 of these cities had closed the segregated brothels, and smaller communities had made progress in eliminating such practices. By 1930, no legally established district existed except in Reno, Nevada.

The trend, however, is again disturbingly in the direction of tolerated practices becoming more flagrant. Other measures have done remarkably well up to the present in holding their place; but wider application of all the measures now developed and fully demonstrated is necessary to provide adequate community safeguards.

* Quoted from *Social Hygiene in A Desirable Program of Education*, by Frances Kersner, Chairman of Social Hygiene, New York State Congress of Parents and Teachers, December 1934.

Marriage Counseling

Advice and guidance in marriage and family social relationships have been traveling the road of all case-work from indifference and individual effort, through experimentation and demonstration of practical methods. There are now over 200 consultation centers in the United States; and physicians, clergymen, educators, and other professional and lay groups are coming to the support of practical programs for extending this timely work on an adequate basis.

Education for marriage and family social relations has also passed through developmental stages, and is now commanding serious attention, which promises much for the improvement of health, heredity and success of future families.

furnish these antidotes, they must not complain if the young learn only by the trial and error method, make mistakes, increase the attendance at venereal disease clinics, institutions for the mentally sick and delinquent, and fill the divorce courts soon after marriage." The files of the Association are filled with evidence that parents, teachers, and others concerned with the needs and guidance of youth recognize the important rôle of education in this field. In many ways this part of the movement has been

advanced further than any of the others. The special article *The Past and Future of the Educational Program of the American Social Hygiene Association*, by Maurice A. Bigelow, shows how and in what directions progress has been made. While the sex education program of the Association seems to have advanced to the point where its lecture schedules and field demonstrations are no longer indispensable, and many other activities may be transferred to cooperative projects, the Board of Directors believe that consultation service on this subject should be maintained. Aside from continuing these consultative relations with universities, public and private schools, parent-teacher organizations and teacher training institutions, the Association is called upon to continue studies of the needs and methods for mass education of adults, and of ways of overcoming the present handicaps of misunderstanding, lack of information, censorship, prejudice, and other reasons for serious restrictions upon appropriate social hygiene information being disseminated through such important educational channels as the newspaper, the radio, and the motion picture.

Another series of activities interestingly described by Jean B. Pinney in *How Much Does the Public Know About Social Hygiene?* deals with the problems of public information. Millions of pamphlets have been distributed; many thousands of lectures, and countless meetings have been arranged; earnest efforts have been made to utilize all methods of informing people and creating public opinion in support of approved social hygiene measures. Those who have followed the movement

Social Hygiene Education

Prior to 1914, agencies in not more than half a dozen states were distributing educational materials on social hygiene; in 1934, all the states reported such activities as an important part of their programs. Sex education in the home, the church and the school, instruction of teachers, information on syphilis and gonococcal infections, have been among the outstanding educational activities which have passed from the stage of propaganda to the permanent programs of public health and education departments. Millions of pamphlets, thousands of lectures, conferences, exhibits and motion pictures have aided in bringing about this recognition of social-hygiene education.

closely have no doubt about all these efforts having been worth while. But they realize that in some way each generation must be so educated that acquisition of knowledge is followed by its application to the conduct of individuals and to their environment.

Voluntary organizations such as the American Social Hygiene Association perform a necessary service in finding and enlisting individuals in each community who enjoy the confidence of their fellow citizens, and who can devote the time to keeping themselves informed and their communities active in doing the things necessary to secure the benefits of the program advocated. In its field of health and welfare, the American Social Hygiene Association has guided the advance from chaos to concerted action of many forces—community, state and national. The task which lies immediately ahead is concerned with holding the gains of previous years, while continuing to fit the social hygiene program into permanent agencies in the changing social order.

“The outlines of the new economic order, rising from the disintegration of the old, are apparent. We test what we have done as our measures take root in the living texture of life. We see where we have built wisely and where we can do still better. . . . It is important to recognize that while we seek to outlaw specific abuses, the American objective of today has an infinitely deeper, finer and more lasting purpose than mere repression. Thinking people in almost every country of the world have come to realize certain fundamental difficulties with which civilization must reckon . . . The people of America are turning as never before to those permanent values that are not limited to the physical objectives of life. There are growing signs of this on every hand. . . .”

FRANKLIN D. ROOSEVELT, *President of the United States, in his message delivered at the opening of the Congress on January 4, 1935.*

THE PAST AND FUTURE OF THE EDUCATIONAL PROGRAM OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

MAURICE A. BIGELOW

Chairman, Executive Committee

The American Social Hygiene Association, at its organization early in 1914 on the foundations which had been laid by the American Federation for Sex Hygiene and the American Vigilance Association, accepted as the basis of its first educational work the program of the Federation. This program, in the form of a *Report of a Special Committee on the Matter and Methods of Sex Education* was presented before the Fifteenth International Congress on Hygiene and Demography held in Washington, D. C., in September, 1912. That report met with widespread approval and marked the first step towards general agreement on the essentials of sex education.

One who compares carefully this report with the latest consensus of opinion on sex education as presented in *The Established Points in Social Hygiene Education* (1924, revised 1933) will be impressed by the fact that many of its recommendations have been accepted for practice and have come down to the present time.

It will be interesting and useful to review some of the most important points in the report to the Congress on Hygiene, as follows:

The general aim of sex education should be both hygienic and ethical, directed toward right thinking and conduct control as well as physical health. It should be graded to fit each period of the child's life, but instruction should anticipate possible physical or moral harm. Any sex instruction applied to adults should aim to develop a healthier public sentiment and to counteract the common reluctance of even educated people to tolerate discussion of the grave hygienic and moral dangers to the individual and to the community. Whatever is fundamental and vital to health and morals in the individual and the community is a proper subject for serious thought and discreet discussion.

This is an excellent statement of the general aims of sex education which have been faithfully followed in the twenty-two years that have passed since Dr. Prince Morrow read the report before the International Congress in 1912.

Turning to certain detailed recommendations in this 1912 report regarding matter and methods, we find many familiar ideas that are now commonly accepted in America and Europe.

Sex instruction of children should attempt to satisfy rather than awaken curiosity. Premature development of sex consciousness and sex emotions is undesirable and instruction should aim to keep these at the minimum while satisfying normal curiosity. However, in adolescence when the sex emotions naturally assert themselves, instruction should deal with the hygienic and social bearings of sex and reproduction. The background for such instruction is found in biological nature-study, biology and hygiene in schools and colleges. This scientific instruction should be reinforced as strongly as possible with ethical instruction, appeals to personal respect and purity, and, with mature students, the vast sociological bearings of sex. Good literature which presents romantic love in its purest forms is perhaps the best guide to sex emotions on the highest plane. Any kind of sex education which ignores the education of the emotions is seriously defective.

And in the final pages, the report stood for beginning sex education by hygienic care and simple teaching in the home, following this with nature and health studies in the schools, protecting children against vulgarizing associations and injurious habits, aiming always at development of aesthetic and wholesome attitudes concerning sex, and in every way possible helping youth understand the meanings and problems of sex.

All the foregoing extracts from the report of the Committee in 1912 would be acceptable in a report dated 1934. On such a foundation of educational principles and ideals inherited from the American Federation for Sex Hygiene, this Association began its educational work twenty years ago.

As a matter of historical record, it should be noted that the first program for the Association's educational work did not originate with the committee which prepared the report to the International Congress on Hygiene. Tracing the records of proceedings of the Federation for Sex Hygiene back through those of the original society in this field (The American Society of Sanitary and Moral Prophylaxis organized by Dr. Morrow in February, 1905), the student of the history of social hygiene in America finds that many of the important points in the educational program set forth in the *Report on Matter and Methods of Sex Education* had been presented in one form or another at the meetings of or in the publications of Dr. Morrow's society between 1905 and 1912. As is well known to those familiar with the history of social hygiene, the beginning of the movement for organized sex education in America and Europe was in the international conferences for combating the venereal peril held in Brussels between 1902 and 1904. Dr. Prince Morrow, the Ameri-

can delegate, returned to New York with a plan for organizing a society for combating the venereal diseases, but the discussions at the meetings of the Society in its first three years drifted far outside the realm of medical and sanitary measures and foreshadowed a broad educational program which would not only tend to prevent the spread of venereal diseases but also lead to a wholesome and aesthetic understanding of sex in life centered around the family as the biological and social unit of human society. This was the beginning of the larger conception of "sex hygiene," as the educational program was then called. In the next five or six years these ideas were more clearly formulated and widely accepted, and the Special Committee on Matter and Methods of Sex Education undertook a general survey of the field for the purpose of developing general agreement as to the essentials of educational work related to sex. The survey resulted in the report which was approved by the Federation for Sex Hygiene and the International Congress on Hygiene; and then, as stated above, became the educational program for the American Social Hygiene Association in 1914.

It is important to note that the 1912 report and others that have followed represent consensus of the opinion of numerous leaders in the social hygiene field. The special committee of 1912 based its report on the replies to a large number of questionnaire letters sent to educators, ministers, physicians, and others who were known to be interested in the "sex hygiene" movement of that time. The same method was used a dozen years later for assembling the opinions of more than one hundred leaders in sex education as to what facts and principles had been agreed upon or established under the banner of social hygiene with the larger outlook on the field originally called sex hygiene. The results of this later survey were presented at the St. Louis meeting of 1924, and published under the title *The Established Points in Social Hygiene Education* previously mentioned. Again, the same method was used in 1933, and the revised edition of *Established Points* then prepared without any essential change in the 1924 report was based on replies from more than two hundred educators, physicians, ministers, social workers, lawyers, and non-professional parents. Moreover, the most important principles selected from the 1924 report on *Established Points* were included in the Report of the Sub-committee on Social Hygiene in Schools in the White House Conference on Child Health and Protection (1932) and the Report of the Conference on College Hygiene, and these reports have received general approval and no opposition. It is evident, then, that the reports mentioned above as presented in 1912, 1924, 1932, and 1933, fairly represent the accepted program of the larger sex education or social hygiene education. For the development of this program, the chief credit belongs to the American Social Hygiene Association, and its lineal ancestors, The American Federation for Sex Hygiene and the American Society for Sanitary and Moral Prophylaxis, back to the beginning of the organized movement for sex education in 1905.

While it is easy to trace continuity of development from the sex-hygiene of 1905-1912 to the social-hygiene education or larger sex-

education of today, there has been a striking change from emphasis on control of venereal diseases (syphilis and gonococcal infections) as the main objective of the entire educational program. In the earlier years of the movement, these diseases held the center of the stage and the direct rays of the spotlight. Everything else was staged with reference to combating them. The human race, the family, and marriage were considered because their very existence was threatened by the venereal peril, but not as something which education might improve by developing their own inherent possibilities. Likewise, sexual morality, the aesthetic meanings and the vast social implications of sex were dragged in at first as part of a complicated attack on these diseases. All this has been changing in America for over twenty years, but "venereal disease" continues to be the center in some of the European societies whose names and constitutions indicate that they were formed for combating these diseases.

The first indications that the movement tended to broaden its objectives are found in the Transactions of the American Society for Sanitary and Moral Prophylaxis (1905-1913). In these records are scattered suggestions, chiefly in papers and discussions by ministers and teachers, that sex of itself would have important social meanings even in a world in which medical science had conquered venereal diseases by therapeutic and sanitary measures similar to those applicable to other germ diseases, and that, therefore, sex education should stress these non-venereal meanings. Moreover, it was claimed that educational emphasis on the social (including the approved social or moral) meanings of sex, especially in relation to the family, tends to work against venereal diseases as efficiently as if the whole educational program revolved, as it did at first, around the problem of combating them. This point of view in favor of making social hygiene more social and less medical grew from occasional suggestions to definite statements in the 1912 report to the International Congress on Hygiene and Demography. Then came the Great War, with a return to special emphasis on control of venereal diseases. As a result, about 1920 social hygiene was commonly understood to be a branch of health science dealing with these diseases. In fact, a well-known encyclopedia published about ten years ago contains the cross-reference—*Social Hygiene*, see *Venereal Diseases*.

Against such extreme emphasis on venereal diseases as the center of social hygiene education, a reaction set in soon after the World War, and in 1924 the collected opinions used as the basis for the report on Established Points indicated clearly that the great majority of leaders in social hygiene education had come to believe that the life problems and situations which have their origin and center in the sexual instinct should be presented educationally with primary stress on the good that sex may contribute in the individual and family life, and that teaching relating to the negative or evil results of uncontrolled or mismanaged sexual functions should be subordinate in a general program of social hygiene education. So far as this concerns the venereal diseases, there is probably an advantage gained in that coincidentally with the tendency towards constructive sex education, there have been signs that the venereal disease campaign is being

reorganized along lines parallel to those which have been so successful in the attack on tuberculosis, namely, a straightforward combination of health education and propagandism with medical and sanitary measures. In leading schools and colleges, the venereal diseases are now being presented as problems of personal hygiene and public health and not mixed up with ideas of sin, morals, and social problems. In the opinion of the author of this article, the conclusion of the whole matter so far as it concerns education in general will be that social hygiene education, which under another name was first only a weapon in the fight against venereal diseases, will continue its present evolutionary development towards the broadest possible consideration of sex in its social meanings with venereal disease as only one of many incidental problems. At the same time, instruction in bacteriology, general hygiene, and public health will furnish citizens with adequate knowledge for understanding and encouraging the medical and public health attack by professional workers in these fields.

It should be noted that while social hygiene in general education has shifted to decided emphasis on social problems, this has no important bearing on the permanent medical activities of this Association. Those are now concerned primarily with leadership of the medical and sanitary attack on syphilis and gonococcal infections and with the direction of health propagandism or popular education aimed at giving the average citizen useful information regarding the prevention and treatment of these diseases. Such propagandism may properly include some reference to social problems (*e.g.*, prostitution) involved in distribution of these diseases, but obviously this is far different from centering all sex education around them.

Social hygiene in America has now reached a stage where there are no big problems as to what and how and when to teach concerning sex. There is general agreement that we have reached a workable plan in matter and methods. We agree as to what facts and ideas should be stressed when teaching in childhood, youth, and adult life. We agree as to the essential methods of teaching. We agree as to how far parents, teachers, ministers, and several other groups of professional workers should take part in the sex-education movement. There has not been in recent years any serious questioning regarding matter and methods of sex education in general. There are, of course, as in all education, differences of opinion as to many details, most of which are probably of little importance.

In the development of emphasis on social problems in sex education, the word "sex" has come to be understood in its largest sense as standing for the fact that the human race comprises two kinds of individuals or sexes which are inevitably bound together in numerous physical, mental, and social relations. Many of these relations, no doubt, have their direct or indirect origin in sex in its limited sense, referring to the reproductive system and its instinctive reactions; but as a matter of educational practice, there has been a distinct advance in making social hygiene education broad enough to include all problems of life arising from the fact that there are two kinds of human beings which must live and work together.

Such an understanding of the larger meanings of sex has led social hygiene education into emphasis on the family, which is the biologic and social unit of society in which the two sexes naturally cooperate. And in turn the family has involved marriage which essentially means that organized society approves the foundation of a new family. Quite logically, then, marriage and family relations have taken their place as a major division of the latest social hygiene education. This is the reason for the active part played by this Association in the recent national Conference on Education for Marriage and Family Social Relations (see JOURNAL OF SOCIAL HYGIENE, December, 1934). From present indications, it is fair to assume that this conference will lead to most important developments in social hygiene education under the leadership of the Association.

So much for the past work of this Association in leading up to its present educational program. It is obvious that social hygiene in America is very much in the position of an automobile factory which has completed its major experimentation, adopted its models and is ready for quantity production and selling. Social hygiene leaders have experimented successfully with numerous children, youths, and adults under every conceivable condition. The results have been pronounced successful by parents and teachers. More convincing is the accumulated testimony of thousands of young adults who now can look back ten to twenty years and evaluate the sex instruction they received in home or school. In short, social hygiene education is now ready for quantity production—that is, a mass education movement.

In conclusion and general summary, it is recommended that the future educational work of the American Social Hygiene Association should continue to concentrate on problems selected from the wide field of social health with its complicated relations that have grown from the fundamental phenomena of sex. The Association should attempt to find ways and means for extending and improving its successful educational methods and at the same time experiment with mass attack on the problems arising from the physical, mental, and social relations of the two sexes, and with special reference to the cooperation of men and women in the biologic and social unit—the family.

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STRATEGY AND CAMPAIGN IN THE MEDICAL AND PUBLIC HEALTH SALIENTS—1934

DR. WALTER CLARKE

In charge of Medical and Public Health Activities

Medical and public health activities of the American Social Hygiene Association aim to prevent and control syphilis and gonococcal infections.

The Basic Facts

Syphilis can be rendered non-infectious by modern treatment. This is a basic consideration in the control of this grave disease. If modern treatment could be administered to every case or even to a large proportion of cases of early syphilis, the incidence would decrease to the vanishing point. Treatment not only can render this disease non-infectious but it can prevent the late disastrous effects upon the vital structures of the body. Treatment must be appropriate and adequate, but before it can be begun, the diagnosis must be made. As far as syphilis is concerned, therefore, the first object of the medical attack is to find and treat infected individuals as early and thoroughly as possible. To a more limited extent the same principles apply to gonorrhea. Furthermore, syphilis and gonorrhea can often be prevented by the local application of certain chemicals immediately after exposure, and this is important especially for groups under discipline as in the Army. Finally with regard to syphilis and gonorrhea as with other communicable diseases any practical educational and administrative measures which effectively prevent contacts between infectious and susceptible individuals are valuable.

The Strategy

The line of strategy in the Association's medical and public health campaign depends on the fact that these preventive and control measures are largely in the hands of physicians, health officers, nurses, and medical social workers. The

Association's hope of playing a helpful rôle depends upon its ability to aid these groups in analyzing their problems and applying the appropriate methods. To do this requires a background of understanding of the practical problems presented by syphilis and gonorrhea, and of the successful methods for dealing with them. The vitality of this service must depend in large measure upon constant personal contact between the Association's representatives and those on the "firing line" throughout the country.

As an investigative, advisory and informational service which works through and with the medical and public health institutions the Association must be concerned with the technical training of physicians, nurses, and social workers, as well as with their methods and the results they obtain in the field of social hygiene.

In accordance with these principles the Association together with local social hygiene societies where they exist, cooperates especially with (1) officers of health departments, (2) leaders of medical societies, (3) faculties of medical schools, (4) superintendents of clinics and hospitals, (5) directors of nurses and medical social workers, and (6) research workers in the social hygiene field.

A brief commentary upon the functions of these groups, and the relationship of the Association to them follows, together with a description of recent accomplishments illustrating this relationship:

Health Departments

Syphilis and gonococcal infections are among the most prevalent and serious of infectious diseases, and they provide health officers with many difficult problems. They must be dealt with in accordance with the established principles of communicable disease control.

As with any communicable disease, the prevention of infection is the first aim. This can be accomplished by various methods, including preventing exposure to infection, preventing infection even after exposure, rendering potential sources of infection non-infectious, and by isolating sources of infection. In the case of syphilis and gonorrhea the carrying into practice of these methods involves, (1) instruction of the public and especially of infected persons regarding the methods of preventing the spread of these diseases, (2) provision of adequate medical care in private practice when possible, but at public expense for those who cannot pay for it themselves, (3) control of recalcitrant, uncooperative and ignorant lapsed cases, and (4) epi-

demiological activities for the discovery and supervision of new cases, contacts and sources of infection.

Not only health departments and health officers but hospitals, clinics, physicians, nurses, social workers and educators play a part in the control and prevention of syphilis and gonorrhea through these measures. The problems of cooperation that arise, involving sometimes the corrective, penal and relief agencies are among the most complicated and varied confronting American communities. Health officers struggling with these and other problems turn to the American Social Hygiene Association as the national health agency especially concerned. The Association is asked for services in the form of surveys, studies, consultation and information.

Recent activities of the Association illustrate efforts to aid health officers:

A survey of syphilis was made in New Mexico, with the support of the New Mexico Bureau of Public Health, the New Mexico Tuberculosis Association, the New Mexico Social Hygiene Society, the United States Bureau of Indian Affairs, the United States Public Health Service, the National Tuberculosis Association, the National Society for the Prevention of Blindness and the American Public Health Association. This included a census of cases of syphilis and gonorrhea under treatment in the state, a serological study of nearly 5,000 people in representative communities of the state, and studies of the facilities for the medical care of infected persons, and of the organization for the protection of the public health. Based upon this work various articles¹ have been published and the results have been presented to many lay and medical groups in New Mexico by a member of the Association's staff. Already good results are seen in an increase in facilities for the treatment of syphilis, especially among the indigents of the state, and in the growth of interest on the part of community leaders.

At the request of health officers, studies have been made of clinics for the treatment of syphilis and gonorrhea in all parts of the United States. Their efficiency, their medical and epidemiological standards have been studied and advice based upon the findings given to the officers in charge.

City, county and state health officers have invited conferences with staff members in the field regarding a wide variety of problems including, for example, the limitations of responsibility of health officers in regard to prostitution, methods of improving the reporting of syphilis and gonorrhea, clinic record forms, clinic economies, provision of medical care for infectious indigents, instruction of public health nurses regarding syphilis and gonorrhea, and the epidemiology of syphilis and gonorrhea.

¹ Clarke, Walter, M.B., F.A.C.P. *Sangre Impura in Mora*, Annals of Internal Medicine, May, 1934. *Impressions of Mora*, Public Health Nursing, December, 1934. *Syphilis in New Mexico*, Special Publication of the New Mexico Tuberculosis Association, December, 1934.

Medical Practitioners

The important part of the private practitioner in the prevention and control of syphilis has been stressed by almost every writer on this subject. In the United States we depend upon the private practitioner to look after the majority of cases of syphilis and gonorrhea. According to censuses of cases under treatment upwards of 60 per cent of all of the cases of syphilis in normal times are in the hands of private practitioners, while only 30 or 40 per cent are in clinics, hospitals and other institutions. As public facilities are largely located in cities, most cases of syphilis in rural populations and small towns which receive any professional attention must get it from private practitioners.

Furthermore, census studies have shown that the private practitioner sees more cases of syphilis in the early stages when treatment can be most efficacious than does the public agency. Our hope of preventing and curing syphilis, therefore, depends to a large extent upon the knowledge and skill which general practitioners can bring to bear in this very important field of medicine.

Hazen of Washington stated in a recent article that not more than 2 per cent of syphilitics seen in clinics after they have been treated by general practitioners have been properly cared for. He and other authorities advance serious criticism of the methods pursued by private general practitioners in the diagnosis and treatment of syphilis.

There are two reasons for this apparent lack of knowledge. First, modern knowledge of syphilis has developed almost entirely within the last thirty years, and more particularly in the latter half of the period. Hence older practitioners, unless they have made special efforts to familiarize themselves with this branch of medicine, are likely to be unfamiliar with modern diagnostic and therapeutic procedures. Second, it is unfortunately true that many medical schools have not in the past and to some extent do not at the present give adequate instruction in the subject. Also many hospitals give only cursory attention to syphilis in the training of internes, with the result that even physicians trained in recent years in many instances do not have adequate technical equipment.

There are many signs of improvement in the teaching of syphilis in medical schools and in hospitals at the present time. The isolated practitioner, however, graduated some years ago and now established in a small town or rural community with hospitals, clinics and weekly medical meetings inaccessible, frequently has little opportunity to familiarize himself with up-to-date clinical practice. In some great centres of population, special lectures and demonstrations and the advice of specialists are available to interested practitioners. It is apparent that greater progress could be made in control of this prevalent disease if the small town and rural practitioner's need, often keenly felt, could be met and he could be instructed in the simple essential principles and techniques of diagnosis and treatment of syphilis.

In 1933 it was finally decided that institutes for general practitioners on the diagnosis and treatment of syphilis should be tried out as a practical measure. The United States Public Health Service had

considered the provision of supplementary training of this general character, but the limitations of budget and the pressure of other work prevented their taking the initiative. The Association's program for this purpose has been carried on for two years. Institutes on the modern diagnosis and treatment of syphilis were set up under the auspices of the state, county or city health departments and state and county medical societies. Preliminary arrangements were made through the state health department in cooperation with the state medical society, after which the local health officer and officers of the county medical society assumed the responsibility for making local arrangements. A beginning² was made in six southern cities, Savannah, Charleston (So. Car.), Jacksonville, Birmingham, Houston and Norfolk. Here institutes for Negro physicians were held in the belief that because of the limited opportunities for clinical experience open to Negro physicians, this particular group would be most in need of post graduate instruction. Each institute continued for five days and the instruction, given partly by a member of the staff of the Association and partly by local specialists, was thoroughly practical in character. In several of the cities every Negro physician in active practice attended the institute every day, an evidence of their earnest appreciation.

It is anticipated that the institutes will be continued in 1935, perhaps in a modified form, since several requests have been received from health officers and medical leaders for similar services.

The Association has for many years participated actively in the professional meetings of physicians by means of addresses, distribution of printed matter and exhibits. The record of accomplishment in this work during 1934 alone is an impressive demonstration of the willingness of medical societies to cooperate in educational activities.

Partially through such efforts as those described above there is evident a steady increase in interest in the control of syphilis and gonorrhea on the part of private practitioners. Much remains to be done, but it is believed that the methods demonstrated by the Association will be followed by health departments, medical societies, extension divisions of universities and other groups which have the opportunity to aid practitioners in keeping abreast with the rapid progress of medical science.

There remains the fact that many hospitals do not require their internes, in the course of their internship, to gain clinical experience in the diagnosis and treatment of syphilis and gonorrhea. The Association has undertaken a study of the practice of hospitals in this respect and hopes by legitimate publicity and by conferences with hospital boards of management to remedy this defect in the training of young physicians.

Medical Schools

As the medical students of today are the practicing physicians of tomorrow, it is of the utmost importance that medical schools should give adequate emphasis to instruction regarding syphilis and gono-

² *Syphilis and the General Medical Practitioner: An Institute Experiment.* JOURNAL OF SOCIAL HYGIENE, March, 1934.

coccal infections. Medical schools vary considerably in this respect and examining bodies such as the National Board of Medical Examiners, the Navy Medical Examining Board and the several state boards of medical examiners differ widely in their requirements regarding knowledge of syphilis and gonorrhea. With the ultimate purpose of improving the teaching of these subjects in medical schools which are below a high standard, and encouraging medical examining bodies to require candidates for licenses to show that they have adequate practical knowledge of syphilis and gonorrhea, the Association has during the past year endeavored to stimulate appropriate action on the part of schools and boards alike. This has meant conferences and lectures on the part of staff members in many medical schools throughout the United States. In addition, a study was made by the questionnaire method of all the medical schools in the United States to secure uniform information regarding the teaching of syphilis. Circulated first to deans of medical schools for their comments, this report³ was later published. The officers and teachers of many medical schools have expressed interest and appreciation of this careful study.

The Association also conducted a study of the standards of all state and national boards of medical examiners to evaluate the place given to syphilis and gonorrhea in board examinations. A report⁴ was prepared and circulated to the various Boards calling attention to the desirability of emphasizing in examinations the practical clinical aspects of syphilis and gonorrhea and suggesting that attention be given to their preventive medical aspects. This has done much to call attention to the need for higher standards and to stimulate interest and action.

A study of instruction by medical schools in regard to the diagnosis, treatment and prevention of gonococcal infections is now in progress.

Clinics and Hospitals

Aside from private practice syphilis and gonorrhea are treated in clinics and hospitals. It is, therefore, important that these institutions should be aware of the public health rôle which they play, and provide adequate medical and social care for patients having these diseases. Free clinics have increased in importance as a direct result of the economic depression, since many patients who were formerly under the care of private practitioners, finding themselves unable to pay even a moderate fee, have turned to free clinics for treatment. Rapid increase in case load, amounting in many instances to 200 per cent or more of the 1929 enrollment, have almost overwhelmed certain clinics, particularly those that have suffered decreased operating budgets and diminished personnel. Under these and other circumstances many difficult medical, economic and social problems arise.

The Association has been called upon frequently to advise clinics and hospitals regarding their problems. During the past year questions under consideration have included means of economy in the

³ M. J. Exner, M.D. *A Report on Instruction Regarding Syphilis in American Medical Schools*. American Journal of Syphilis, October, 1933.

⁴ M. J. Exner, M.D. *A Study of the Standards of Boards of Medical Examiners in Regard to Syphilis and Gonococcal Infections*. Federation Bulletin, May, 1933.

treatment of syphilis, selection of serological tests, choice of drugs, systems of treatment, methods of case-holding and case-finding work, relation of syphilis clinics to other hospital services, remuneration of clinic physicians, location, quarters, equipment, and record forms of syphilis and gonorrhea clinics. In endeavoring to assist in the solution of these and other problems, members of the Association's staff have visited clinics and hospitals in every section of the country during 1934.

Nurses and Medical Social Workers

Increasingly in the United States, nurses and medical social workers play an important part in health work, especially in the instruction, follow-up and control of patients. As said before efforts to combat syphilis and gonorrhea are of comparatively recent origin and the procedures and problems involved are often complicated. As is the case with students of medicine many nurses and social workers otherwise well trained are deficient in their practical knowledge of these diseases. Just as the Association has endeavored to improve the teaching of medical students regarding syphilis and gonorrhea, so we are encouraging schools of nursing and social work to improve their instruction in social hygiene. The institutes for physicians have been paralleled by suitable courses for nurses and social workers, teaching the practical methods and procedures which they should know. In cooperation with other agencies the Association sponsored and aided in a study of the teaching of social hygiene to nurses of which an extensive report was published.⁵

Encouragement of Research

The need for more knowledge of the gonococcus has long been recognized. The medical profession and health authorities are severely handicapped by lack of adequate diagnostic and therapeutic methods. These deficiencies standing in the way of progress in combating gonorrhea explain in some degree at least why throughout the world there is less progress in the reduction of gonorrhea than there has been in the reduction of syphilis. From several countries where comprehensive measures for the conquest of syphilis have been adopted come heartening reports of success in the steady diminution in the prevalence of this disease. From nowhere come very encouraging reports regarding gonorrhea. Therefore, the American Social Hygiene Association has gone about the task of encouraging research in the diagnosis and treatment of this disease. As a result the following hopeful advances can be reported: First, a Committee of the National Research Council to Survey Research on the Gonococcus and Gonococcal Infections was appointed. This Committee, under the chairmanship of Dr. Stanhope Bayne-Jones, will soon present an impressive report of its labors. The Association has housed and provided professional personnel for this Committee. Out of this study may come a clearer conception of our present knowledge of the

⁵ Mae D. McCorkle, R.N. *A Curriculum Study in Social Hygiene for Nurses*. Joint Committee of the American Social Hygiene Association and the National League for Nursing Education, New York, 1934.

gonococcus and a clearer indication of the paths into which research should be directed. Second, the American Neisserian Medical Society was organized. This Society for the study of gonococcal infections was organized at a meeting called by the American Social Hygiene Association. It has made an excellent start and promises to do much to support qualified research work. Third, partially through the efforts of the Association, funds have been obtained for a distinguished full-time research worker to conduct a series of studies of the gonococcus in one of the famous medical schools of the United States. These we believe are encouraging and significant developments.

Conclusion

Not since the World War have the opportunities to make progress in this field been so numerous, nor has the need of the whole country and its medical and health leaders been so great. In the coming period of economic reconstruction, it is especially desirable that better and more adequate programs of action against syphilis and gonorrhea shall be adopted by health and medical agencies and institutions. For this reason it is believed that the year 1935 will be of great strategic importance. There should be no diminution of the Association's efforts.

Some of the Social Costs of Syphilis and Gonorrhea.—Gonorrhea is an important cause of blindness, particularly in newborn babies, and it is a chief cause of sterility in men and women. It brings lowered efficiency to women wage earners, much suffering and even death from the various complications which may follow the primary infection. Frequent estimates place half of all gynecological operations as the result of this disease. To syphilis is due about 15 per cent of blindness and an even larger percentage of partial loss of eyesight, from 15 to 20 per cent of heart and blood conditions, and 11 per cent of new admissions to mental hospitals.

The greatest number of cases of both diseases are first contracted at about 21 years of age and the majority of cases needing active treatment range from about 15 to 30 years of age.

from Social Hygiene Bulletin "Behind the Front Lines"

FACING AN OLD PROBLEM

HOW AMERICAN COMMUNITIES ARE DEALING WITH COMMERCIALIZED PROSTITUTION

BASCOM JOHNSON

In charge of Legal and Protective Activities

A review of legal and protective activities throughout the country during 1934 gives rise to anxiety tinged nevertheless with optimism. We have gained some ground and met with frequent losses, but many of the gains are important, and some of them have far reaching significance, while the losses, though serious in some cases, are in most instances only temporary set-backs.

The trend toward laxity in dealing with commercialized prostitution * which was seen in the series of surveys in United States cities in 1928 and again in 1932 has continued and probably increased. The issue of the segregated vice district, which we all had supposed dead, is showing signs of life, occasionally in the most unexpected places. On the other hand, certain key cities in sections of the country which have made little or no progress for years have now decided they can and will face the situation courageously and effectively, and are making intelligent study of their problems preparatory to action.

As the New Year's activities get under way it is a good time to picture briefly conditions as they have appeared during recent years, some of the measures designed to meet them, and suggestions for future effort.

In order to know what was happening in 1934, the American Social Hygiene Association continued its collection of data, begun in 1914, with studies of prostitution conditions in 59 cities of eight states and the District of Columbia. This information was also of value to local official and private agencies in determining the extent and nature of their problems and in focusing their attacks on the weak spots disclosed.

* Johnson, Bascom and Kinsie, Paul. *Prostitution in the United States*. JOURNAL OF SOCIAL HYGIENE, December, 1933. Publication No. 857.



WHEN EVENING COMES

When Evening Comes—at the end of each day, and day by day to the end of life, we turn to home and family. To most of us in middle life these words have meant security in childhood, aid in preparing for our careers, and protection in marriage and the rearing of our own children. To most of those children, however, part or all of these meanings are being jeopardized by the world's unsettled conditions and their influence with our social and economic life and community safeguards.

Many of our young people now find neither the opportunities nor encouragement for early marriage and homemaking which their parents enjoyed. They find little help in solving their problems of postponed marriage or in planning successful lives if they must renounce marriage and parenthood. Those who have married and find themselves without adequate means to support a family are facing other questions for the solution of which they need competent advice and sympathetic understanding. . . .

The Association for many years has served as a national clearing house on the home as a "workshop" for moulding better lives for each succeeding generation. . . . In carrying on its work it depends upon (1) Active participation of members who are truly representative of all family and population groups; (2) Contributions which provide for the necessary staff, publications, and general expense. Every citizen of good standing has an opportunity to aid in both of these ways . . .

*From a statement prepared by the Finance Committee
for the contributing public, January, 1935.*



A POST GRADUATE INSTITUTE FOR NEGRO PHYSICIANS

Participants in an institute for Negro physicians on the modern diagnosis and treatment of syphilis, held in Birmingham, Alabama, February 12-16, 1934. Similar institutes were held through the cooperation of the Association and local groups in Savannah, Jacksonville, Norfolk, Houston and Charleston, S. C. Physicians in the photograph are: (1) Drs. M. G. McCall, (2) L. E. Harris, (3) A. E. Robertson, (4) J. K. Robertson, (5) M. D. Wellborn, (6) N. J. Broughton, (7) S. F. Harris, (8) A. W. Blump, (9) D. W. Porter, (10) C. F. Nall, (11) N. F. Turner, (12) F. D. Bradford, (13) E. H. Ballard, (14) C. S. Giscombe, (15) A. M. Brown, (16) L. U. Goin, (17) C. A. J. McPherson, (18) W. L. Brown, (19) P. S. Moten, (20) B. E. E. Luckabee, (21) A. S. Mitchell, (22) J. D. Bowling (City and County Health Officer), (23) W. Clarke (A.S.I.A. staff), (24) C.B. Flynn.

Laws prohibiting solicitation by prostitutes and their male counterparts on the streets or in other public places were increasingly enforced during the twenty years ending in 1930. While not true everywhere or at all times during this period the streets have gradually become cleaner and cleaner. Since 1930, however, the trend backward which is noted at the beginning of this article set in. There is some evidence that the depression has also brought about an increase in the number of men and boys, many of them migrants, on the streets and in certain other places in the large cities who solicit passersby for homosexual practices. Most serious, there is evidence that a few exploiters in different sections of the country are trying to bring back the old-fashioned house of prostitution.

During the twenty-year period referred to, the old dominance by the procurer, the pimp and the brothel keeper over prostitutes had been largely broken up. The passage and enforcement of stringent criminal laws aimed at their practices helped greatly to accomplish this result. The resulting country-wide reduction in the number of licensed or tolerated brothels decreased the demand of their owners for fresh inmates, and the activities of their agents in supplying them. The considerable number of women and girls who chose to enter the life of their own volition appears to have been sufficient to supply this reduced demand. Then too, since there had been an increasing proportion of prostitutes operating independently, there was less opportunity for exploitation.

The more recent trend backward toward the old tolerated brothel conditions may be expected to revive somewhat of this dominance over prostitutes which was so common in the first decade of the century. This trend has been gradual and has as yet permeated only certain cities. It is nevertheless distinctly evident in many places and calls for fore-handed public action.

Even the free lance prostitute, however, has never been entirely free from exploiters or parasites. Even in cities where laws are indifferently enforced, some control over the activities of prostitutes has been and probably always will be demanded by public opinion. They are generally not allowed, for instance, to solicit openly on certain streets, or in certain other places frequented by the public. Even this measure of control interferes with the profits, and efforts at evasion are inevitable, either by bribing the police or by tying up with certain shyster lawyers, bond sharks, politicians, and property owners who see opportunity for profit. The independent prostitute also must generally use go-betweens to help her get customers. Even with all these parasites hanging to her skirts, however, the lot of the independent prostitute is far better than that of the old time brothel inmate. As her status implies, she is freer to manage her own affairs; she is not a slave to the brothel keeper; she need not have a pimp; she can choose the recipients of her favors; and she can leave the business when she is tired of it. Any attempt to force women accustomed to this freedom to return to the old slavery which is necessarily involved in the widespread reestablishment of the tolerated brothel system in red light districts or elsewhere is bound to fail. A revival of the system would neces-

sitate bringing into being a new generation of prostitutes who could be forced to conform to the old dominance of the circle of exploiters who thrive under that system.

And what of efforts to reeducate prostitutes and make them acceptable members of society?

In general it may be said that the background of poverty, ignorance, mental or physical disease and even criminality from which many of these women and girls spring makes them difficult and in some cases impossible to rehabilitate. Careful follow-up studies of reformatory cases such as conducted by Doctors Eleanor and Sheldon Glueck in Massachusetts, especially their study of 500 delinquent women, have not shown a large measure of success from rehabilitative efforts.

It is true that the inmates of such institutions as the Massachusetts State Reformatory are generally older and more hardened than those who have been committed to training schools for girls or put on probation by juvenile courts. The former are, perhaps obviously, often more difficult to rehabilitate. Nevertheless, many of the younger group come from the same background as do the older ones, and many of the same difficulties are factors in any attempted reforming of character and conduct. The findings and conclusions of the Glueck study are, therefore, believed to be generally applicable to most prostitutes of whatever age, and to many women and girls who, though not prostitutes, are sexual delinquents or in danger of becoming so. It would follow that the chief solution of this social problem is more likely to be found in the field of prevention rather than in that of rehabilitation. As long as society remains chiefly responsible for the plight of these women, however, society will always be required to give them the best opportunities possible to start fresh. As in the treatment for syphilis, the best rehabilitation treatment is the earliest treatment. Like the treatment for syphilis, also, it must be both skillful and continued long enough to eradicate the germs of disease while building the powers of self-control and saner attitudes and ideals of social responsibility. It must remove from the environments in which these girls live or to which they are returned from institutional treatment as many as possible of the conditions which tend to destroy or debase these attitudes and ideals. The recent trend in informed public opinion in this country has been in this direction. This opinion is finding expression, for example, in improved systems of probation and parole. More fundamentally, moreover, a beginning has been made in the removal of slums, the provision of decent low cost housing, unemployment insurance, and old age pensions. These measures as part of a program providing for social and economic security should have far-reaching results, not only in preventing new delinquents but also in instilling in the products of the old régime fresh hope in new and better environments.

Certain other community measures should be mentioned which have for their chief objective the prevention of delinquencies, particularly those involving sex relationships. These include insuring of facilities and opportunities for the wholesome use of leisure time,

especially by young people, and providing machinery for the readjustment of problem children before they have acquired habits, including sex habits, which are so anti-social as to necessitate taking them to juvenile courts.

In the last twenty years definite progress has been made toward the realization of these objectives. As to recreation, for example, until the depression cut down available funds, there was being developed in this country a large network of recreation facilities both official and unofficial for the constructive use of leisure time. The American Social Hygiene Association has taken an active part in promoting this development.

Recently the Federal Government has done much to liquidate the deficit in recreational opportunities created by the increase of leisure through unemployment and the decrease in facilities through failing local appropriations, through the establishment of the Civilian Conservation Corps camps and the camps for transients. This Association has assisted other national welfare organizations in attempting to convince the Federal departments in charge of these camps of the great importance of providing recreation of a constructive sort therein. Official recognition of this has been given, but after a year of operation only partial provision has been made for recreational activities. In other ways, also, through Civil Works Administration projects and other means, various schemes for recreation and leisure-time occupation for the unemployed have been promoted by the Federal Government.

During the two decades in which widespread efforts have been made to develop constructive non-commercial recreation facilities rapid development of commercial amusements has also occurred. Of these the radio and the moving picture may be mentioned as the two most important. Their daily audiences are numbered in the millions, as compared to the hundred thousands reached by the non-commercial activities.

While the commercial amusements, particularly the radio, have furnished many examples of high grade entertainment and education of value, their treatment of sex has been generally characterized either by prudery or deliberate exploitation of the sensational. The reluctance by both the radio and the moving picture industries to permit sex problems and the venereal diseases to be discussed seriously and frankly are examples of prudery. There has been, however, almost no limit to the blatancy and suggestiveness of sex episodes which motion pictures at least have presented to the public. What the net effect on youth has been it is difficult to say. If the researches of the Payne Fund are to be believed, and their conclusions are well documented and hard to deny, the moving picture industry must bear a share of the responsibility for the undoubted rebellion among certain groups against prevailing standards for marriage and divorce, and for some of the existing anti-social sex behavior.

The American Social Hygiene Association has done considerable work in selected communities, at their requests, in surveying commercialized amusements and in advising interested groups as to the

best methods of eliminating certain features known to promote sex delinquency. Among the danger spots studied have been taxi-dance halls, dance marathons, cabarets, road houses and, since prohibition repeal, those liquor-selling taverns and saloons which also provide floor-shows or other entertainment for patrons. Mention should be made of the very active work of the Association in helping to maintain decent conditions in concessions at expositions or fairs. Aid was given at the request of the councils of social agencies or other groups in cities which have conducted such expositions. Among these have been San Francisco, Philadelphia, Chicago and San Diego.

The Association has worked with national and local organizations in the suppression of obscene and indecent literature, books, pictures and cartoons. Up until 1930 considerable progress had been made in this program. Since that date, however, there has been a noticeable increase in the amount of such literature, pictures and cartoons that have been distributed by peddlers and in various notion shops throughout the country.

The average reader who sees a statement of this sort thinks, "This impression of obscenity is in the mind of the reader. It is a matter of good and bad taste. I do not believe in censorship." This is true of a great deal of perhaps unhealthy but comparatively innocuous "sexy" writing and pictures in cheap magazines or novels. What the average reader does not know, is that aside from these objectionable publications, there is a huge undercover traffic in what may be termed dangerous filth. Recently, we presented the situation to a nationally known psychiatrist. At first he made about the same statement as quoted above. When shown actual materials obtained by investigators in stores, from salesmen on the streets, and in other public places, he said, "I did not know that such things were circulated. In order that these publications shall *never* fall into the hands of immature young persons, everything possible should be done to stop their manufacture and distribution." A series of conferences and interviews arranged by this Association and the National Committee for Mental Hygiene resulted in the same point of view being expressed by all the participating psychiatrists, psychologists and educators.

It has long been an axiom that one of the best ways to kill the business of prostitution is to cut off the supply of prostitutes. The establishment of juvenile courts and probation was looked upon as an epoch-making step in this direction. In addition, the last decade or two have seen a development of the work of women police, crime prevention bureaus, and of coordinating councils. The latter are a means by which the official and voluntary agencies in each community join together to deal with problem boys and girls and with the environment which helped to make them, before they get into trouble, serious enough to necessitate court action.

Such social machinery appears to provide the most promising means of preventing prostitution and sex delinquency we have ever had. Will such machinery work, always and everywhere? It appears to have substantially reduced juvenile delinquency in Los Angeles County, California. Perhaps Houston or Buffalo, Kansas City or

Baltimore, will be the next to report tangible progress, or to develop some other machinery better suited to them to accomplish similar results.

What further can be done by the American Social Hygiene Association toward the accomplishment of the objectives outlined? The types of protective and preventive activities in which the Association has been engaged since its beginning have already been touched upon. For the coming year certain immediate steps are not only necessary but expedient. These are as follows:

1. *Collection of up to date information.*

It is our task as a national association to study and analyze trends in the social hygiene field and make them widely known and understood. Studies in past years have included extensive evaluations in the field of prostitution conditions. These have been made usually at the request of local agencies, and the expense has been assumed jointly by the Association and local groups. During the coming year where such surveys are needed to convince official bodies or the public of the need for improvement in their particular communities the Association will assist in the direction and will endeavor to provide experienced personnel to carry them out, the major portion of the expense involved to be borne by the communities themselves.

2. *Education of the public.*

Increased effort must be made in 1935 to educate the public regarding the practicability of dealing adequately and intelligently with prostitution and juvenile sex delinquencies. The necessity of this education is due to the fact that a new generation has arrived on the scene which is largely unacquainted with the successful experience of progressive cities here and abroad in dealing with these problems. Many civic leaders and social workers of the present generation are unacquainted with this experience and are inclined to lend a ready ear to the old and outworn arguments in favor of the regulation or toleration of prostitution in segregated districts.

3. *Education of technical groups.*

Lawyers, whether as judges, prosecutors, legislators, or practicing attorneys frequently deal with some aspect connected with the passage, administration, or interpretation of social hygiene laws. The cooperation of lawyers in furthering the social hygiene program would doubtless be advanced if, as a group, they were better informed on the principles and practices of social hygiene. It is proposed to assist in integrating pertinent materials in law courses, to present current data to bar associations, organized legislative groups, and meetings of the minor judiciary, prosecuting attorneys, chiefs of police, and legal aid societies.

4. *Development of the motion picture and radio in public education.*

The Association should continue to cooperate with other national groups in the elimination, by legislation if necessary, of certain trade practices such as "block booking", and "blind booking" which make

it difficult if not impossible for local exhibitors to respond to local public opinion.

Similarly efforts should be continued to change the code of the Motion Picture Producers and Distributors Association and the viewpoints of state and local censor boards and of national radio broadcast systems, by legislation if necessary, so as to permit commercial showings and broadcastings of scientifically accurate and sound social hygiene materials.

5. Provision of facilities and opportunities for migrants.

The Association should continue to study in cooperation with official and voluntary agencies the problems of migrants and to promote the national and local measures adapted to solve these problems and meet the needs of both boys and girls in this group. In particular continued appropriations for camps for migrants where vocational and recreational activities and health services are available should be supported.

6. Assembling existing laws and proposed legislation.

The assembling and summarizing of existing laws and pending bills on the various aspects of social hygiene and advisory service thereto will continue, as the Association is the national clearing house of information concerning such legislation.

7. Cooperation with the League of Nations and other interested international organizations.

The Association has taken an active part in international efforts to combat traffic between countries in women and girls for purposes of prostitution. A staff member has served as the director of investigations for the League of Nations in important studies of this subject in Europe and South America, and more recently in the Far East. These studies have demonstrated the close relationship between the licensed or tolerated house of prostitution and the traffic in women and girls. Such houses have also been shown to afford no protection to public health or public order (the two grounds on which they have been maintained). The Advisory Commission of the League, therefore, has been forced by the overwhelming preponderance of evidence to conclude that such houses are an unmitigated evil and should be abolished, and has forwarded a recommendation to all Governments to this effect. In view of the backward steps which some American cities have begun to take in regard to the toleration of such houses, this carefully considered action by the League of Nations should prove of immense significance to this country.

So far as possible the Association will continue its support to such international efforts.

In conclusion, may it be said, we face an ancient evil that always presents new aspects, as persons and environments change. A "let well enough alone" attitude on the part of

the public and its official representatives is not good enough. Selfish individuals are always on the lookout to increase and intrench a criminal business in which enormous profits are possible. This increase means that additional thousands of unfortunate young people must be degraded and exploited.

Speaking before the National Crime Conference, December 10, 1934, President Roosevelt said:

"We have come to a time when our need is to discover more fully and to direct more purposefully into useful channels that greatest of all natural resources, the genius of the younger generation. Crime is a symptom of social disorder. Widespread increase in capacity to substitute order for disorder is the remedy. This can come only through expert service in marshalling the assets of home, school, church, community and other social agencies to work in common purpose with our law enforcement agencies. We deceive ourselves when we fail to realize that it is an interrelated problem of immense difficulty. Scientific research, highly trained personnel, expert service are just as necessary here as in any field of human endeavor. To the extent that we provide, instead, unscientific methods, poorly trained personnel and hit-or-miss procedures, we may expect bungling, heart-breaking results."

A City Without Prostitution.—"What would conceivably happen in a city like London if the police, spurred and controlled by an active popular impulse, accomplished all that could be humanly expected? Street-walking of a provocative character would disappear; the advertised brothel would cease to exist; the public house (saloon) would strictly enforce the law against the harboring of prostitutes; the obvious forms of spurious employment would be dispersed,—rendered more circumspect and much less readily accessible; prostitutes would disappear from the lobby and promenade of the variety theatres, etc. The pimp, the exploiter, the third-party interest would be severely checked and, with that, the tropical growth due to them. . . . In a word, prostitution as an offensive and aggressive activity would be more or less done for; and the loss through disease would be minimized. . . .

"Well drawn, well codified, well executed laws could accomplish this. Any civilized society utilizing the resources and instrumentalities that every such society has within its reach, can, if really so minded, ultimately reduce prostitution and its ravages so far by direct action."

ABRAHAM FLEXNER—"Prostitution in Europe."

HOW MUCH DOES THE PUBLIC KNOW ABOUT SOCIAL HYGIENE?

PROGRESS IN PUBLIC INFORMATION AS ILLUSTRATED BY THE
SOCIAL HYGIENE STORY OF AN AMERICAN FAMILY

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Before we can tell how far we have travelled on any journey we must know not only our present situation, but our point of departure as well. So, in estimating progress in general knowledge of social hygiene, suppose we think back to the beginning of efforts to inform the public on this aspect of life, twenty years and more ago, and measure from there. Where were we then? How much, in the year 1913, when the American Social Hygiene Association started work, did the average person understand of the advantages and problems of social hygiene, as they affected himself, his family, and his community, and what were his attitudes and opinions on the subject? How do they compare with those of today?

Take, for example, the Smiths, a representative family group of the era. In 1913, both Mr. and Mrs. Smith are between forty and forty-five years of age. They have three children, Elsie, twenty, Edward, eighteen, and Mary, ten. The community in which they live is medium-sized, as is their home and the salary which Mr. Smith receives as vice-president of a small bank. They are thrifty, intelligent and ambitious. Mr. Smith reads extensively, Mrs. Smith belongs to a Culture Club, and they both attend lecture courses on current events and modern developments. Their home contains a good upright piano and a Victrola, both used. They are public-spirited. Mr. Smith is a member of the Town Council, Mrs. Smith works loyally for several charitable societies, and the entire family is active in church affairs and attends services each Sunday. In short, they are an average American family—wholesome, good-humoured, healthy, and self-respecting.

They do not, of course, possess a number of things which they will later consider indispensable to their happiness, health, and welfare. They will not own a radio, an electric refrigerator, a closed car, or an oil-burning furnace for at least another ten years. It will be longer than that before the motion pictures will provide the double

satisfaction of sight and sound, and nearly two decades before Mr. Smith begins to save time by airplane travel. Mrs. Smith still has a number of years ahead before she commences her struggle to comprehend the mysteries of sur-realist art or contract bridge.

She has her problems, however, then as now, and among the things which she does not possess in this year 1913, is a satisfactory solution to some of them. Ten-year-old Mary's inquisitiveness, for instance. Mrs. Smith, so she informs Mary's father after the child is in bed, has never seen such a one for asking questions. "She teases me morning, noon and night for a baby sister. Why don't we get one? Where do other people get theirs? I don't know what to tell her." "What did you tell her?" Mr. Smith inquires. "Why, I told her what I told Elsie and Eddie, what my mother told me, that the doctor brings babies in his satchel. But I don't think she believes me. And I'm so afraid she'll find out from somebody else. That awful Bliss girl in her class knows *everything*, and Mary is with her all the time, in spite of everything I can do." "Well, why not tell her the truth yourself?" proposes Mary's father. "Oh, I couldn't! That child? Let her keep her innocence for a while yet," shudders Mary's mother. "Anyway, I wouldn't know what to say!"

Mary, however, is only one of Mrs. Smith's problems. Elsie, the twenty-year old, is soon to be married to Tom Evans. Mrs. Smith is aware that she has certain duties to perform in preparing Elsie for marriage, besides teaching her to cook, sew and be a good housekeeper. She means to "have a talk" with her before the wedding-day, but never having discussed the fundamentals of matrimony with her daughter, she dreads to open the subject, and is half-tempted to leave Elsie to explore this new territory without guide or compass, as she herself was left to do by her own mother. She is more than ever lost in this dilemma because she cannot possibly discuss it with Mr. Smith, to whom she is accustomed to look for counsel in family affairs. She does, however, call upon him to certify the character of her prospective son-in-law. Disquieting rumors have lately reached her ears. "They say" the young man has been rather "fast." Does Mr. Smith believe it? Mr. Smith, from behind his evening paper, reassures her. Tom may have cut some fool capers when he was in college, but he has settled down now, and will make none the worse husband for having sown a few wild oats.

Edward, in his first year at college, is also on his mother's mind. There have been some disturbing recent events in the neighborhood which make her worry. John Hayes, about Edward's age and a freshman at another university, has been suspended under circumstances not made public; but Mrs. Smith understands that the situation has something to do with "bad women" and a "bad disease" which John has caught. Mr. Smith agrees with her that it is "terrible," but remarks philosophically that these things always have been and probably always will be a necessary evil. He says further that she doesn't need to worry about Eddie. A boy with his home training won't go wrong, "But Johnnie Hayes had good home training, too—" wails Mrs. Smith, and goes on worrying.

There are a number of other events and situations in their circle of relatives, friends and acquaintances about which the Smiths are sorry to hear. Mr. and Mrs. Ames down the street, have decided to get a divorce. Mr. Smith's favorite niece is "boy-crazy" and has got herself into an unpleasant scrape. The Harlows, whose back yard adjoins the Smith's, have just lost another prematurely born baby. The doctor says Mrs. Harlow probably can never carry a child full term. Ella Lovel's father has had to be put in an asylum for the insane. He has "softening of the brain". In spite of all her worries, when she thinks of the troubles of some of her friends, Mrs. Smith feels that she and her family are very fortunate.

And so they are. Just how fortunate they will not realize until they are much older and wiser. Take another look at the Smith family ten years later. They have all gained knowledge and wisdom, on many topics, and especially on some of the problems which so perplexed Mrs. Smith back in 1913. The World War period did much for them in that respect. Mr. Smith, as one of the Town Council in a community not far from an army-training camp, found himself co-operating with the government program for venereal disease control. He helped to close up the "red light district" down across the tracks. He voted for an appropriation for a local venereal disease clinic, as well as for a detention home where the girls and women to whom Mrs. Smith used to refer as "unfortunate" might be medically treated and socially rehabilitated. He served on the committee to secure a suitable police woman to do protective work with the town's potential delinquents.

Mrs. Smith flung herself heart and soul into Red Cross and Y.W.C.A. work. When not knitting sweaters or rolling bandages, she worked at a Hostess House, comforting and advising many a silly khaki-struck girl and sending her home safe and sound. She helped to provide wholesome recreation for the town's young people. She solicited funds to supplement the municipal appropriations for which Mr. Smith had voted.

Both Mr. and Mrs. Smith conscientiously took pains to inform themselves concerning their jobs. They read the government bulletins, and found out that syphilis and gonorrhea were not "diseases of sin", but great problems of public health, which must be combated like tuberculosis and typhoid fever. They came to understand that commercialized prostitution is not, as they had thought, a necessary evil, but a sordid, mercenary business which can be driven out of existence by taking away its financial profits. They understood better the reasons for the family tragedies around them; that the Harlow's baby was probably still-born because its mother had untreated syphilis; that Grandpa Lovel's brain trouble came from the same disease; that Johnny Hayes might not have got involved in his freshman catastrophe if he had had a solid basis of fact to back his immature judgment.

As for the rest of the family, Elsie, working shoulder to shoulder with her mother, gained all that she gained and more. Her husband,

Tom, commissioned in the Army, and Eddie, enlisted in the Navy, came to first hand grips with the conditions which the other Smiths were trying to prevent, and learned at close range how the Government was trying to deal with these problems. Even young Mary, fifteen before the Armistice was declared, had a pretty good idea of what Mrs. Smith still called "the facts of life".

After the Armistice, the Smiths discovered that their new-found knowledge and point of view applied not only to a war-time emergency, but to peace-time civilian life as well. In fact, they decided that social hygiene work was essential to the health and welfare of their family and their community. They began to see, too, now that there was time for consideration, that education was the strongest weapon that could be wielded against the enemies of disease and vice, and that there should be not only education against these dangers, but education from a positive standpoint—education to build family life so strong, wholesome, healthy and successful that it could not be broken up by any or all of the foes which assault it.

In the decade following the war, they found that nearly all the community groups in which they were interested had a stake in this kind of education. The parent-teacher association which Tom and Elsie, now the parents of a growing family, helped to organize in 1924, made it a project of first importance. Mr. Smith, as a Rotarian and a member of the City Club, discovered that these organizations were anxious to aid the City Health and Police departments maintain the high standards set for community health and welfare during war-time. As a leader in the Sunday Evening Forum in his church, he found that no discussion topic drew a larger crowd than social hygiene, and as a Board member of the Young Men's Christian Association he gladly approved each year the engagement of a competent lecturer to give a series of talks on marriage and family relationships.

Edward, as a rising young lawyer, was a charter member of the Big Brothers Association, and served on a committee to establish a Juvenile Court. Mary, as a volunteer office worker in a maternity clinic directed by a far-seeing physician, became interested in prevention of prenatal syphilis, through treatment of the prospective mother; and since her marriage in 1925 and the birth of twin boys, has mobilized the fighting strength of the Mother's Club in this campaign.

As for Mrs. Smith, the Culture Club voted her meeting the most interesting of the year, when she initiated her first social hygiene program, and she was chairman of an actively functioning committee in this group for some years. She was also the first social hygiene chairman for the local League of Women Voters. But since then she has trained younger women into both these jobs. She feels she must use what time she can spare from her business of being a housewife, mother and grandmother, for the interests of the social hygiene society which she was largely instrumental in organizing in 1926.

This group started as a council, to coordinate social hygiene work already existing, prevent duplication of effort, and provide united

sponsorship for new projects, the membership being made up of representatives of all official and voluntary agencies whose programs touched on social hygiene. It was soon apparent, however, that a coordinating agency was not sufficient to guarantee the progress desired. Mr. and Mrs. Smith, who had been members of the American Social Hygiene Association since 1918, helped to raise money to pay for the services of a field worker from the national staff to study community needs, evaluate what was being done to meet them, and set up a program to cover the situation adequately. The survey showed several untilled fields of work, as well as various requirements not being looked after, and recommended a special social hygiene agency, rather than a coordinating council, to carry forward an aggressive program. The original membership plan was therefore expanded to include individuals, and a group of several hundred active members was soon built up, to work for the achievement of certain necessary things in the community.

The national field worker during her stay in the community acted as executive officer for the society, and conducted a program of training institutes for social, educational and health workers, as well as a general lecture service for the community. She set up in the committee's headquarters a permanent library of social hygiene books, pamphlets and charts which has been maintained and expanded as new materials are developed. The equipment also includes a number of 16 millimeter social hygiene films and a small motion picture projector. The public library was also advised regarding materials which would be most useful to the public, and an excellent collection now exists of books, pamphlets and periodicals for both adults and young people. The library staff and trustees are represented in the society's membership, and are active in the various conference and group meetings. Many of these, in fact, are held in the library's assembly room, and social hygiene exhibits and motion picture showings are often arranged there.

The acting executive officer also helped to train a local young woman as a permanent worker in this capacity, and as a fitting finale to the demonstration, organized a general conference and institute which drew an attendance of several hundred persons from the surrounding communities and states.

Funds for the society's modest budget were solicited from private sources for the first two years, the community fund then assuming its support.

The work thus auspiciously begun has continued and many worthwhile enterprises have been initiated and aided. The combined weight of public opinion represented by the society was the determining factor in securing participation of the public schools in the program for sex education and training for marriage and family life. The same influence kept the city venereal disease clinic from having its budget wiped out when the depression began to be felt, and again the value of an organized and informed group proved itself when

certain of the more short-sighted citizenry proposed to re-establish a segregated vice district as a questionable means of solving the community's economic problem.

One of the latest successful activities has been a campaign for popular education on the health aspects of social hygiene. This campaign undertook to inform the community generally concerning the seriousness of syphilis and gonococcal infections, to provide a hopeful picture of the possibilities of arresting or curing these diseases, to warn against quackery and "self" or "drug-store" treatment, and to urge persons infected or suspecting themselves of being infected, to seek treatment from physicians, hospitals, or clinics.

Results were checked by taking a census of cases under treatment before and after the campaign, and the society was gratified to find that a substantial increase had occurred in the number of patients in private and clinic practice. Hereafter, one month of each year will be set aside for intensive education work of this sort.

By one means or another, nearly the whole population was reached in the course of this campaign. A continuous exhibit of posters, charts, photographs and literature was set up in a vacant store on the main street, and young men and women, previously trained for the job, were in charge. Social hygiene motion pictures were shown here, also, with the society's small projector. A series of lectures and talks by physicians, nurses, social workers, teachers and other volunteers, who were first given a short training course in social hygiene fundamentals, were carried on throughout the city. Clubs, churches and schools were brought into the picture, and special efforts were made to reach industrial and mercantile groups through noon meetings. Other occupational groups such as firemen and policemen were brought together at times which best suited their leisure. About 25,000 leaflets * giving in simple language the main facts about syphilis and gonorrhea, and advising competent medical treatment if infection had occurred, were distributed among the various audiences. Five hundred placards, carrying the same message, were posted in wash-rooms, comfort stations and other public places. A publicity campaign was launched in the newspapers, and here the society was confronted with a problem which had often arisen before. The local newspapers, while they had become accustomed to printing without reservation news stories and feature articles about the other phases of social hygiene, still maintained a strict taboo against using the scientific medical terms in speaking of syphilis and gonorrhea. Mr. Smith, as head of the society's public information committee, recognizing that the campaign would be badly hampered without frank and accurate newspaper publicity, made up his mind that this time there would be no vague references to "social diseases" "blood infections", or use of other ambiguous and blind terminology. Armed with a collection of newspaper clippings secured from the national association which displayed the medical terms in headlines and text, and accompanied by the society's publicity worker, he descended on

* Including some in Italian for the town's largest foreign-language group.

the three newspaper editors and succeeded in convincing them that what was printed without hesitation by the great metropolitan dailies and many other influential newspapers might appear in the hometown journals. The splendid success of the campaign was ascribed in large part to the fine newspaper cooperation received.

In the matter of radio talks, he was not so fortunate. Though Mr. Smith was able to inform the director of the radio station that many local stations had encouraged frank speech concerning syphilis and gonorrhea, and the latter professed himself in complete sympathy with the objects of the proposed talks, he felt it wise to decline for fear that conservative listeners might complain. Also, he was aware that the national networks had refused to permit the use of social hygiene medical terms, and was inclined to be governed by their policy.

Mr. Smith's public information committee is urging the social hygiene society to make the breaking down of this taboo its next big objective.

Another recent project which has aroused much general interest is the Family Relations Bureau set up by the society in cooperation with other agencies. Here, with the aid of wise and kindly advisers, family difficulties are threshed out and differences mended. It is hoped by this service to do much in reducing the community's divorce rate.

We can perhaps end this story in no better way than to observe history repeating itself—with a difference—in the Smith family in the present day. We see Elsie's daughter, as we saw Elsie herself in 1913, about to be married. Elsie, however, is not troubled by the doubts and qualms that beset Mrs. Smith on that former occasion. Young Elspeth's preparation for marriage and family life began almost in the cradle, and she will enter her new estate with confidence and serenity. Watching her sometimes, Elsie wonders at this daughter of hers, so content to take the world as she finds it, so thoroughly modern, yet so different from the flappers of the post-War period, and then remembers gratefully that the pendulum swings, inevitably, and that the new generation has turned thumbs down on the jazz age. It has also turned thumbs down on the double standard of morals. Young Elspeth expects and gets the same standard of conduct from her fiancé that she holds for herself. And neither one has hesitated to ask the other about the matter.

Edward, the freshman of 1913, has a son who soon will be thinking about college. Edward Junior's mother will not worry about him, however. She and his father have seen to it that he knows as much about himself and his world as they can tell him. If he makes mistakes he will know where to turn for help. They feel particularly safe about him because the university which he plans to attend has a progressive attitude on the personal problems of its students, and does its best to give them a constructive, wholesome viewpoint.

Mary's twin sons recently rejoiced with their mother and father over the birth of a baby sister. Her prospective advent was a topic

of paramount interest for some months before the event, and the small boys watched the nursery preparations with delight. Their chivalry and care of their mother was a lovely sight to behold, and their pride knew no bounds when the tiny girl finally arrived, though it was evident that they were a bit disappointed at her diminutive size. "She's awful little," said Donald to his father doubtfully. "But", David reminded them both immediately, "I'm glad of it. If she'd been bigger she'd have been just that much heavier for mother to carry around all that time!"

Mrs. Smith, reporting this conversation to Mr. Smith, as they sat by the fire that evening, thought back to the days when Mary's childish questions seemed so difficult to answer, and fell to musing. Her prolonged silence alarmed Mr. Smith to the extent of peering inquiringly over the top of his paper. "I was just thinking", she answered his questioning look, "how different things are from what they used to be—how much better, and clearer, somehow. We used to be so muddled about so many things. How much we've learned! And how much we've done, really, when you come to think of it. This town is a different place from what it was when you and I were youngsters. . . . But there's such a lot more to be accomplished"!

And Mrs. Smith rolled up her knitting and trudged off to an early bed in order to get a good start next morning.

This narrative of the Smith family's adventures in social hygiene might be adapted to any family group in the same period, in whatever strata of society. Their changing viewpoint and their progress in knowledge, as well as their enlistment in active effort to improve community conditions, is illustrative of the general trend throughout the country during the past twenty years. Can anyone, reading their story, doubt that there has been a tremendous revolution in public attitude towards the problems of social hygiene? Nor can one, if he thinks soberly, avoid the conclusion that notwithstanding the astonishing progress made, there is, as Mrs. Smith, said "such a lot more to be accomplished."

One advance after another has been made. No one now questions the advisability of social hygiene education; the problem is, how supply the demand, with social hygiene societies limited as to funds for field work, lecture services and literature, and the public finding it hard to pay for the services it requests? How teach young people, the chief victims of gonorrhea and syphilis, how to protect themselves from these diseases, and what to do if they become infected, when avenues of public education like the motion picture and

the radio, their most accustomed and accessible sources of knowledge, are closed to such information? How prevent victims of quackery from being exploited and paying out their money uselessly, as long as newspapers and magazines will accept the charlatan's advertisements?

It should be remembered, too, that education is a job that must be done over and over again, without ceasing. The community can close the red light district, the physician can destroy the spirochaete of syphilis in the bodies of his patients, but if permanent progress is to be made in conquering these enemies to health and happiness, each generation as it comes along must be taught why and how the battle is waged against them, and given knowledge that will help to build health, strength and a wholesome viewpoint to aid in the campaign, as well as to insure personal well-being and successful family life.

Here is a challenge to social hygiene workers which for its meeting calls for all the persistence, patience and fortitude which they have shown in winning thus far on the way.

"How much of the content of one's early training is really carried into adult life? If the principles of health taught in childhood are to maintain their brilliant reality through all the amazing experiences and expanded horizons of adult life, the education of the individual must be everlastingly kept at, through grade school, high school, college and mature adult life. What Bruce Barton says of advertising is equally true here: 'You can't advertise today and quit tomorrow. You are not talking to a mass meeting—you're talking to a parade.

"If we are to reach the masses, we must enlarge our view of the size of the job that confronts us. We cannot leave off with any temporary popularization of a few simple ideas. The task must be institutionalized. All phases of the health education movement must be utilized in concerted effort. New and effectual methods must be devised and continuously utilized in educating the whole mass of the population, generation upon generation, as to the importance of achieving, and the methods for achieving that summit of racial well-being which the researches of pioneers have made distantly visible."

HOMER N. CALVER AND BERTRAND BROWN, in an article *Marketing Mass Education*, American Journal of Public Health, January, 1932.

EDITORIAL

“FROM CHAOS TO CONCERTED ACTION”

This concise phrase, quoted from Dr. Snow's article *The Growth of Voluntary Health Agencies*, which heads this month's *Table of Contents*, seems to put in a nutshell the aims, history, status and hopes of the social hygiene movement and the American Social Hygiene Association. If ever there was chaos, it existed in past generations in both the public and private mind in regard to those problems in life relating to sex. If nothing more had been accomplished in the twenty-one years of the Association's existence, the analysis of these problems into their component aspects, the ferreting out of the fundamental causes behind them, and the discovery of ways and means for their solution, might have been called a creditable achievement. But action—concerted action—has followed fast on the heels of research and planning, and this, we believe we may say, speaking with all humility for both the national association and the state and local agencies, has made possible a truly remarkable record considering the comparatively short period of organized effort.

No field of health or education has witnessed a more complete and wholesome revolution of public thought and attitude during the last two decades than has that of social hygiene. That this refreshing development would have occurred without the influence of the organized social hygiene groups is highly doubtful; and this influence was distilled from their practical and vigorous concerted activities.

That these activities—concerted and independent—must be energetically continued, and that they must be translated into understanding and action by and for the entire public if progress is to be maintained, is also without doubt. This is the conclusion which stands out above all others in the evaluations of various phases of the national program presented by the several staff members in the foregoing pages, and this is the objective to which the future of the social hygiene movement cannot but choose to dedicate itself.

And, to that task, in spite of occasional disappointments in the results of cherished projects, in spite of seeming stand-stills or even backslidings in public cooperation at times, in spite of limitations of funds and energy, and the many other obstacles in the way, we believe the social hygiene groups, through "concerted action," are equal.

ANNUAL BUSINESS MEETING

As announced in the December 15th *Social Hygiene News*, the Association's Annual Business Meeting will be held on Tuesday, January 29th, at 4 P.M., at the national offices, Room 922, 50 West Fiftieth Street, New York City.

This meeting is for the election of officers and such other business as may come before the meeting. Friends of the Association and all persons interested in social hygiene are cordially invited to join with the members on this occasion in reviewing the year's activities, and in considering policies and programs for the future.

In addition to the business meeting, it has been suggested that social hygiene executives and members would enjoy an opportunity for informal discussion and consultation with the national staff. The Association therefore cordially invites all who are interested to spend as much time as they find convenient with us on the 29th. If a sufficient number desire, round tables will be held in the morning and early afternoon, luncheon groups will be arranged and perhaps an informal dinner meeting to conclude discussion of the more important subjects.

It is hoped that a goodly number of members and friends may be with us on this occasion, and that they will plan also to attend the Regional Conference on Social Hygiene at the Hotel Pennsylvania the next day, January 30th, for which a very interesting and profitable program has been arranged (see page 47).

OBJECTIVES AND METHODS

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

The Association is working for:

The provision of adequate professional health and medical services, supplemented as necessary by federal, state and community facilities; inclusion of syphilis and gonococcal infections as major problems of such services; development of opportunities for graduate physicians to gain practical experience in diagnosing and treating these diseases; establishment of adequate instruction for students being trained for the professions and technical services concerned; and protection of the public from medical quacks and others seeking to exploit the sick and those believing themselves to be infected.

The securing of community environments favorable to family life and the safeguarding of children and adolescents from conditions leading to sex delinquency; enactment of remedial legislation where necessary; promotion of protective measures advancing standards of public and private morals; the development of recreation for young and old adapted to their increasing leisure time; and direction of all these activities toward relations of men and women conducive to mutual respect, wholesome companionship, marriage, and parenthood.

The promotion of public information, (1) to ensure popular understanding and support of social hygiene as an integral part of permanent community activities; (2) to provide particularly for protection of the individual against the diseases syphilis and gonorrhea.

The establishment of correlated educational, religious and social instruction and training directed toward (1) the general objective of making the family biologically and sociologically effective in securing for each generation good heredity and wise parental care in successful homes; (2) the acquiring of individual knowledge and control most likely to ensure the functioning of sex as a useful influence in personal and family life.

The Association works through:

The membership of the Association, which collectively represents every part of the United States and the experience and judgment of all professional and lay groups. The members constitute a means of securing dependable views and cross sections of public opinion on social hygiene questions. They also provide an essential medium for exchanging, among local and state groups, data and experience with new methods.

The officers and members of other agencies, which include social hygiene activities in their respective programs. The cooperative projects with such organizations serve to promote teamwork, avoid duplication and unnecessary specialization in health and welfare programs, while decreasing the costs of administration and broadening the base of support.

The public information and education facilities of the schools, the church, the press, the radio, the screen, professional and organized groups, lectures and institutes.

Consultation, field work, studies and research, as temporary aids to establish public and voluntary institutions in position to incorporate permanent social hygiene activities in their communities.

To accomplish these purposes the Association has set up:

A national office which serves as a clearing house of dependable information and evaluation of social hygiene measures and accomplishments.

A staff of consultants experienced in studying problems in this field and in advising with local officials and voluntary agencies.

A grouping of activities according to public interest in special phases of the social hygiene movement in the United States—(1) medical and public health activities, (2) legal and environmental protection, (3) public information and community organization.

A general advisory committee and other standing and special committees designed to promote and guide special projects, studies or research to which the Association lends its auspices or for which it provides personnel and facilities.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

MEMBERSHIP

The American Social Hygiene Association is incorporated under the membership corporations law of New York State. Under this law a corporation receiving a charter approved by the state files a constitution, and elects a board of directors and general officers who are responsible to a general voting membership. The corporation also files annually a report of its membership and transactions.

For purposes of conducting the American Social Hygiene Association's legal business as a national non-profit voluntary health and welfare agency, voting members comprising both individuals and organizations are elected who pay annual dues and constitute the governing body of the Association. This voting membership comprises:

(A) the contributing annual or life members, who for administrative purposes are grouped under:

- (1) individual members, who apply and are elected directly to membership in the national association; (dues \$2.00 yearly; life membership \$100.00)
- (2) joint members, who are elected to active membership in an approved state or local social hygiene council, society, or committee of some other national or community agency, and who are nominated by their respective agencies and approved by the national association's Executive Committee for joint membership; (dues \$1.00 yearly)
- (3) library members, who apply and are elected to membership on a basis of receiving special materials for the use of their readers, in addition to the usual membership privileges; (dues \$3.00 yearly)
- (4) society members elected as institution or agency members; (dues \$10.00 yearly)

(B) honorary members who signed the certificate of incorporation or served as the first board of directors and other elected individuals of distinction who have also served as directors.

In addition there are:

(C) corresponding members approved for such periods as may be determined by the Executive Committee, who by correspondence or other means render regular service to the Association. Both individual and agency contributors of money, facilities or specific services are included in this group of members, who do not pay dues and have no vote.

Finally, on nomination, the Executive Committee elects:

(D) collaborating members, who by active participation in social hygiene work in their respective communities promote and build up permanent programs in this field of health and welfare. These are annual members having no vote and paying no dues.

Collectively this membership represents every part of the United States, and the experience and judgment of all professional and lay groups. The members constitute a means of securing dependable views and cross sections of public opinion on social hygiene questions in the United States. Also they provide an essential medium through which the national association exchanges data and experiences with local groups, and functions as the national voluntary clearing house for social hygiene activities. While the work itself is done wherever possible through or under the direction of other agencies to avoid publicity and unnecessary organization and specialization in health and welfare programs, the maintenance of this social hygiene membership is necessary to assure the presence in each community of at least a few citizens and leaders who are fully informed upon this field of human needs and protection.

SOCIAL HYGIENE PUBLICATIONS

Pamphlets

Unless otherwise stated, pamphlets and reprints are 10 cents each (free to members) 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. For a complete list ask for Publication No. 793, *A Classified List of Social Hygiene Pamphlets*.

For Parents	Pub. No.
<i>Sex Education in the Home</i> , Helen W. Brown.....	844
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<i>Sex in Life</i> , Donald B. and Eunice B. Armstrong.....	52
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<i>Health for Men</i>	827
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For Teachers, Pastors, Social Workers and Students of Social Hygiene	
<i>Established Points in Social Hygiene Education</i> , M. A. Bigelow.....	820
<i>The Social Hygiene Program—Today and Tomorrow</i> , C.-E. A. Winslow..	832
<i>The Present Status of Venereal Disease Prophylaxis—Social and Medical</i> , Edward L. Keyes (J.S.H. reprint).....	816
<i>High Points of the Conference on Education for Marriage and Family Relations</i> (J.S.H. reprint).....	900

Folders and Leaflets for Free Distribution

<i>For Your Home Library.</i> Lists popular books and pamphlets and includes	
Points for Parents to Remember.....	843
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Books

The classification given has been arranged at the request of readers desiring guidance as to suitable texts for special groups. The inclusion of a title in one classification does not mean that it is not eligible to others. Most of the books recommended are of general interest and scope.

A few recent book publications are listed here with some older favorites. For a more comprehensive selection ask for *Books on Social Hygiene*, Pub. No. 903.

Any of these books can be obtained through the Association at the prices listed. A discount of 10 per cent is allowed to members.

For General Readers

- GRAY, A. H., *Men, Women and God*. New York, Doran, 1923. 189 p. \$1.50.
New York, Association Press, 1923. 85c. Problems of sex from a churchman's point of view.

For Parents

- GALLOWAY, T. W., *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00. A study course for parents on the relation of family life to the building of personal character.
GRUENBERG, B. C., *Parents and Sex Education*. New York, Viking Press, 1932. 112 p. \$1.00. (Association special price 75 cents.)
STRAIN, FRANCES BRUCE, *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00. Shows how parents may meet unusual as well as common situations in sex instructions.
THOM, DOUGLAS, *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.

For Children

- DE SCHWEINITZ, KARL, *Growing Up: The Story of How We Become Alive, Are Born and Grow Up*. New York, Macmillan, 1928. 111 p. \$1.75.

For Young People (high school age and up)

- DENNIS, LEMO T., *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1924. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.
DICKERSON, R. E., *Growing into Manhood*. New York, Association Press, 1933. 100 p. \$1.00.
HOOD, M. G., *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill, 1914. 151 p. \$1.75.
MOORE, H. H., *Keeping in Condition*. New York, Macmillan, 1919. 137 p. \$1.20. Sex hygiene for older boys.

For Engaged and Married Couples *

- EXNER, M. J., *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50.
NEUMANN, HENRY, *Modern Youth and Marriage*. New York, D. Appleton & Co., 1928. 146 p. \$1.50.

* A mimeographed list of books under this classification, with particular reference to marriage adjustments, is available upon request.

Regional Conference on Social Hygiene.—Twenty-three agencies, including the national association, as member agencies of the Social Hygiene Council of Greater New York, will join in sponsoring a regional conference on social hygiene on Wednesday, January 30th. All members of the Association are cordially invited to attend the sessions. The following program has been arranged:

Morning Sessions 10:00 A.M. (3 groups)

- Subject:** Control and Treatment of Vaginitis in New York City
Presiding: DR. SHIRLEY W. WYNNE, Children's Welfare Federation
Speakers: DR. REUEL A. BENSON, Metropolitan Hospital; DR. ROGER H. DENNETT, Post-Graduate Hospital; MISS ANNE RUTH MEDCALF, formerly special investigator U. S. Children's Bureau
Discussion to be led by physicians conducting special clinics for treatment of Gonorrheal Vaginitis.
- Subject:** Role of Neighborhood agencies in a Social Hygiene Program
Presiding: DR. JOHN L. ELLIOTT, Hudson Guild
Speakers: DR. MARGARET W. BARNARD, District Health Administration, N. Y. City Department of Health; PROF. HARVEY W. ZORBAUGH, School of Education, New York University; MRS. ELLEN G. MACDOWALL, Greenwich House
- Subject:** Family Adjustment Through Domestic Relations Courts
Presiding: HON. JONAH J. GOLDSTEIN, City Magistrate
Speakers: DR. HELEN MONTAGUE, Medical Board of Psychiatric Clinic, Domestic Relations Court; MR. CHARLES L. CHUTE, National Probation Association; MR. CHARLES H. WARNER, Brooklyn Society for the Prevention of Cruelty to Children; MR. GEORGE V. ANDERSON, Brooklyn Bureau of Charities

Luncheon Session 12:30 P.M.

- Subject:** Medical and Educational Aspects of a Venereal Disease Program for New York City
Presiding: DR. I. OGDEN WOODRUFF, New York Tuberculosis and Health Association
Speakers: DR. JOHN L. RICE, New York City Department of Health; DR. ALFRED E. SHIPLEY, New York City Department of Hospitals; MR. FREDERIC A. WILLIS, Columbia Broadcasting System

Afternoon Session 3:00 P.M. (3 groups)

- Subject:** The Toll of Syphilis
Presiding: DR. WILLIAM F. SNOW, American Social Hygiene Association
Speakers: DR. EDWIN P. MAYNARD, JR., New York Tuberculosis and Health Association; DR. CONRAD BERENS, The Lighthouse Eye Clinic; DR. LEO SPIEGEL, N. Y. U. and Bellevue Hospital Medical College; DR. WILLIAM E. MERRIMAN, Manhattan State Hospital
- Subject:** Social Service Problems Among Venereal Disease Cases
Presiding: MR. BAILEY B. BURRITT, Association for Improving the Condition of the Poor
Speakers: DR. ALBERT PFEIFFER, Division of Social Hygiene, New York State Department of Health; DR. FREDERICK MACCURDY, Vanderbilt Clinic; MISS AMELIA J. MASSOPUST, Social Service Department, Bellevue Hospital
Discussion
 MRS. ALICE D. MENKEN, Board of Managers, New York State Reformatory for Women; MRS. MARION SIMONSON, State Committee on Tuberculosis and Public Health
- Subject:** Next Moves in the Development of Sex Education
Presiding: MR. OWEN LOVEJOY, Children's Aid Society
Speakers: PROFESSOR MAURICE A. BIGELOW, School of Practical Arts, Teachers College; MRS. SIDONIE MATSNER GRUENBERG, Child Study Association of America; DR. MAX J. EXNER, American Social Hygiene Association

5:00 P.M.

Meeting of the Social Hygiene Council of Greater New York, for the purpose of formal organization and election of officers.

Headquarters

Pennsylvania Hotel, 32nd Street and Seventh Avenue, New York, N. Y.

ANNOUNCEMENTS

This Month.—Where are we going? How far have we got on the way? These are the questions thoughtfully asked and answered by staff members and officers in this number of the JOURNAL. It is gratifying to begin the New Year and the twenty-first volume on such a high note, and we shall hope to sustain an equally satisfactory level throughout the year. To all our readers and friends a happy and successful Nineteen Hundred Thirty-Five!

Next Month.—The February JOURNAL, as previously announced, will contain a summary of state and community social hygiene activities. This is the third annual edition of this country-wide review of current events in this field, and we shall hope this time to have copies for all who request them. It will help us, however, if orders for extra copies are placed as early as possible, so that we may estimate the demand. *Price of the JOURNAL, 35 cents.*

The Future.—Special numbers of the JOURNAL planned for 1935 include: a special number for church leaders; one for use by community groups; and, of course, the usual Library Number in June. We shall appreciate suggestions from our readers as to other subjects they would like to see discussed, and comments on the plans proposed.

For the Clubwoman.—*The Clubwoman Prepares a Social Hygiene Program*, is the title of a statement recently issued in co-operation with the Division of Public Health of the General Federation of Women's Clubs. *Single copies free. Ten cents a dozen copies.* A new exhibit for club groups, *The Hare and the Tortoise*, showing the value of a long-time educational program, is available for loan, the only charge being for transportation.

A New Edition of our Book List.—Our list of selected books has recently been revised and rearranged in a helpful classification which we trust will extend the usefulness of this little folder. Several new titles are included, in addition to the standard favorites. A partial list is given on page 46. For the full selection, ask for *Books on Social Hygiene*, Pub. No. 903.

Recent Reprints.—Our prophecy regarding the contents of the December JOURNAL proved true. The edition is completely exhausted, and there is a steady demand for reprints of *High Points of the Conference on Education for Marriage and Family Social Relations*, and *Betrothal*, by Paul Popenoe. *The price is ten cents each.* For the interest of those whose requests for the entire number had to be refused, we have sent out a call through the *Social Hygiene News* for unwanted copies, and shall hope thus to replenish our stock. Another reprint which has met with favor is Dr. Clarke's *Notes for a Popular Talk for the General Public on Syphilis and Gonococcal Infections*. *The price is five cents.*

Bibliographies.—We call your attention to the list of several recent ones, on page 45. Others are in preparation. Have you a special subject on which you would like a recommended reading list made up?

A Popular Exhibit Revised.—The miniature exhibit formerly known as *Social Hygiene Axioms for the Nurse*, has been revised under the title *Social Hygiene and Family Case Work*, which it is believed more accurately expresses the content of the ten charts which compose the exhibit.

Membership in the Association, with its privileges of receipt of the JOURNAL, the *News*, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

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Yearly Summary—Part II

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER
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volume and quality of work accomplished. Three or four states report further cuts in appropriations, and ten or more no appropriations at all, for venereal disease control. Several in this latter number, however, mention organized efforts to obtain sufficient funds for this type of public health work and important data collected to use in persuading legislators to provide money for active programs. In many places voluntary and official forces are joining to obtain needed legislation on behalf of social hygiene work.

As for the voluntary groups in social hygiene, in common with groups in other branches of health and welfare activity they are struggling to keep going, facing community conditions which call for much needed improvement, as well as increased demands for service. Discussion of the proper division of functions between official and voluntary groups is often heard. The entrance of the Federal government into the social welfare field is complicating the old-time set-up of community work, and is hardly yet understood in all its implications and potentialities. Pending Federal legislation, and the probable reorganization of its welfare work, will have far-reaching effects on all health and welfare activities. There seems to be no basis, however, for belief that the voluntary agency is less needed. Brief reports follow:

Alabama—State Board of Health, Montgomery.—"In Alabama, owing to severe cuts in appropriations for health work, the state social hygiene activities were discontinued January 1, 1933. In a limited number of cities local agencies assumed the operation of venereal disease clinics in a reduced form. Effective October 1, 1934, some state funds again became available and an effort is being made to furnish drugs for the treatment of indigent cases. At the same time an active attempt to follow up sources of infection and to institute control measures is being undertaken. Various pamphlets have been revised and an active educational program has been instituted."

Alabama—Birmingham Social Hygiene Association.—"With no paid executive or budget for promoting social hygiene work, the Association has continued its great interest in social hygiene conditions in the City of Birmingham and its moral if not active support to social hygiene activities. Meetings have been held during the past year addressed by members of the national staff. A number of sub-committees meet to discuss social hygiene problems. Social hygiene education is being carried out through the cooperation of the Parent-Teacher Association, and to some extent by the churches, the Birming-

ham school system, and by means of speakers for special occasions. The Association drew up and adopted a constitution this year, and its organization has been completed in all details. It is felt that substantial progress is being made."

Arizona—State Board of Health, Phoenix.—"There have been no special social hygiene activities by the Arizona Board of Health during 1934. The State laboratory has continued to render diagnostic services. Treatment for venereal disease cases is provided locally."

Arkansas—State Board of Health, Little Rock.—"The venereal disease control program of the State Health Department has not been as good as it could be due to lack of funds. We have no doctor solely in charge of venereal disease control work, but instead this work is handled through the Administration Department of the Central Administration. Law enforcement against commercialized prostitution is rather lax in certain sections of this state. Measures for prevention of delinquency are carried on by civic organizations and individuals interested in this work. Health education concerning syphilis and gonorrhea is carried on by the Public Health Committee of the State Medical Association, by the State Health Department, and by certain civic organizations. Very little work is done in sex education and training for marriage and parenthood. Advice to families is given in the form of bulletins, and by contacts by the County Health Units.

"Very little change in the general social hygiene situation has occurred since last year. Social hygiene needs are not being met adequately. Lack of money is one reason for this state of affairs. Our plans for 1935 include increased activities by our County Health Departments, and attempts at interesting civic organizations to undertake more work."

California—State Department of Public Health, Sacramento.—"The present condition of state finances makes it impossible to carry on any intensive program along social hygiene lines. It is doubtful that we shall be able to accomplish any more during the coming year than we have during 1934."

California—Social Hygiene Council of Southern California, Los Angeles.—"The Council has not met during the past year, but has allowed the Institute of Family Relations to carry on the educational work in social hygiene. This has been done in 12 public conferences, most of them lasting the entire day, together with a great many single lectures and clinical activities. It is, of course, still difficult to finance educational work along these lines. As yet social hygiene needs are not being met adequately, and an intensified campaign in all lines is needed. We do not notice any marked change in conditions from last year."

California—Social Hygiene Committee, San Francisco.—"We can but state that no new activities could be undertaken during 1934, and therefore the work has continued along the same general lines as reported in the February 1934 Journal of Social Hygiene.

"Educational work progresses in a limited way because of lack of funds for printing and dissemination of material. All requests for speakers on social hygiene subjects have been met by members of the Committee during the past year. Several conferences were held with the municipal judges to discuss and encourage the establishment of a medical social department by the Court for the handling and disposition of cases. We are looking forward to the time when there will be a decided improvement in the medical and hospital facilities of the law enforcement agencies, and it is probable that the coming year will see some change in the interest of public health. The Committee has continued to cooperate with the State and County Health Department and the private health agencies in promoting social hygiene activities. The venereal disease clinic reports indicate increasing attendance, which is believed due to a greater number of persons unable to pay for treatment rather than to an increase in the incidence of the diseases. For some months the facilities of the City Emergency Hospitals have been used as prophylactic stations by the United States Army. Enlisted men report to these centers for prophylactic injections. To assist the health authorities in providing this service the Army officials assign orderlies to aid the hospital staffs in the work of giving prophylactic treatment. Our plans for 1935 depend upon a reorganization in our Executive Committee, as soon as this can be effected we will then be able to arrange plans for the coming year."

California—Sex Education Society, San Francisco.—"The outstanding event of 1934 was the establishment of a Family Relations Center. With one of the city's post-fire mansions as a gracious and commodious setting the Society is now carrying forward a rapidly developing program through which the general public of the entire San Francisco Bay region has access to the best scientific information regarding sex education and various other aspects of family life. Since its formal opening on November 1, individuals of all ages, representing all walks of life and classes of society have come for personal consultations, for library books, for lectures and for the various short courses now in progress there. The Center's current Symposium on Family Relations, held fortnightly, includes fourteen outstanding speakers all of whom are leaders in the fields of education, law, medicine or social work. Morning classes for mothers on *The Sex Education of Children*, courses for young people on *Preparation for Marriage* and for general groups on *The Biology of Sex*, *The Psychology of Sex* and other related subjects are already well attended. A weekly hour for adolescents to which youngsters from 12 to 16 years of age can bring their questions is also proving one of the most successful community activities of the new Center.

"The opening of the Family Relations Center has evoked enthusiastic comment from the various professional and educational groups, the clergy, public and private social work agencies and in the daily press of San Francisco. These groups see in the establishment of such a Center, a piece of social-educational work con-

cerned solely with helping human beings to find happiness through the various emotional relationships that are involved in sex and family life. They recognize in its activities a constructive community force directed toward the reduction of human suffering and social distress. In spite of the lack of sufficient funds to conduct its program on an adequate scale, the Sex Education Society looks forward to a year of even wider influence in the field of human service.

"The Center serves as the headquarters of the Sex Education Society, a non-profit organization which has pioneered this movement throughout the Bay region for the past seven years."

Colorado—State Division of Public Health, Denver.—"The last General Assembly nearly two years ago repealed the continuous appropriation from which we had been drawing for use in combating venereal diseases. Under these circumstances, while our venereal disease law stands, very little work is being done along these lines. While we had means we did a great and good work, but at times I wondered whether we were getting results sufficiently great to justify the expense. However, there is no longer any question in my mind on that point as I am able to see clearly that since our appropriation was repealed venereal disease is spreading at a much greater rate and it seems unfortunate that we have not the means to renew the fight."

Connecticut—State Department of Health, Hartford.—"It is particularly encouraging to report that the medical activities for the control of venereal diseases have not been curtailed to any appreciable extent in spite of the economic depression. All the public clinics and treatment stations for the care of indigent cases have been maintained and more cases have been treated than ever before. The usual medical assistance has been given to the various venereal disease treatment centers. Also, assistance was continued in following up contacts and delinquent cases needing further treatment, particularly where there are no follow-up facilities. The State Department of Health assists particularly with difficult cases.

"By action of the Public Health Council of the State Department of Health, additional regulations were passed concerning examination for syphilis or gonorrhea of persons convicted of sex offences, their treatment while imprisoned and follow-up after release.

"A reprint dealing with the modern principles in the treatment of early syphilis is to be sent to all physicians in the State. Illustrated talks to the men at the fourteen reforestation camps in Connecticut have been continued, and the usual five-minute radio talks. Educational work has also been carried on through other groups, clubs and organizations. During 1933 slightly more cases of gonorrhea were reported to the State Department of Health than during any previous year, and a real increase in the disease is suspected. Important work in the treatment of gonorrheal vaginitis among young girls is being carried out by several local

physicians in Connecticut. It is a pleasure to note that various voluntary agencies in Connecticut are showing more and more interest in social hygiene. This is particularly true among parent-teacher organizations. The State Department of Health plans to follow the present program during 1935."

Connecticut—The New Haven Social Hygiene Committee.—Though inactive during the year, the committee hopes in the future to organize a working program. However, many activities in the social hygiene field are constantly going on in New Haven. The venereal disease clinic is doing an effective piece of work. The city health officer, Dr. Leonard Greenberg, is keenly aware of social hygiene needs. Various talks to special groups on various phases of social hygiene have taken place during the past year, including those to New Haven teachers.

Delaware—State Board of Health, Dover.—"There were reported to the State Board during the year, 752 cases of syphilis and 470 of gonorrhea. This represents more than twice as many cases of syphilis and nearly twice as many of gonorrhea as were reported during the preceding year. Clinics were maintained in Dover and Wilmington, but it was not possible to open any additional free treatment facilities. The one for Sussex County, however, will be opened early in the coming year. A total of 9,500 treatments were given, an increase of 14 per cent over the previous year. With the help of Civil Works Administration appointees improved follow-up of cases was made possible which improved clinic attendance. In order to make better provision for cases who could not attend clinics, arrangements were made for the payment to practitioners of fees according to a set scale, and supplying of free medicaments, for treating indigents."

District of Columbia—Health Department, Washington.—"Increasing numbers are applying to our Social Hygiene Clinic, and the last fiscal year was no exception in that respect. Whether this indicates an increase in venereal diseases, or is due to economic conditions, would be difficult to say. The Health Department Clinic is adequately caring for the increased demands. As you know the financing of our Clinic is provided for by the Congress of the United States. Aside from that for increasing our personnel from time to time as the work increases, no definite plans have been made for 1935."

District of Columbia—Social Hygiene Society.—"In the prevention and cure of syphilis and gonococcal infections, the combat forces are headed by physicians, both those engaged in public health and private practice, and their allies, the nurses and social workers. The Society's committee on medical measures has centered several of its year's most ambitious efforts on projects designed to make the teamwork of these professional groups more effective. A joint public meeting was held with the District Medical Society. Representatives of the two societies conferred on needed legisla-

tion. An institute for nurses and social workers was held in March, 1934, for which 150 experienced workers registered. The potential value of this instruction can be realized when we consider the statement of an emergency relief worker: 'Of the first 85 families I interviewed, 29 needed relief wholly or partially because one or more persons in the family are infected with syphilis or gonorrhea.' The Society bent strenuous but unsuccessful efforts to help secure adequate funds for the District Venereal Disease Clinic. All District employers of fifty or more persons were circularized twice during the year, and despite depression problems blocking such work, received fine cooperation from many of them. Forty lectures were given before employee groups which resulted in getting many infected persons under treatment.

"As to efforts in the legal field, the Society drafted and carried on preliminary promotion of a far better 'illegitimacy' bill than Washington now has; appeared before congressional and other groups on behalf of needed health laws; and served as a clearing house for the distribution of data, statistics, and other information pertinent to the securing of sound workable social hygiene legislation for the District. Despite many conferences and much legislative educational work the organization was unable to secure greatly needed health funds for Washington during the session just closed. But efforts will be continued in the next session and some have already been initiated.

"In the field of sex-social education the Society has made available the guidance of specialists and the best in literature. It has provided lecturers and discussion leaders for formal curricular groups and for interested lay assemblages. By these services it has aided the progress of clean wholesome teaching in this important aspect of character-building where, for so many years, superstition, pseudo-science, and mock modesty have held sway.

"The Society is called upon increasingly to advise in individual cases. Individual medical treatment problems, puzzling sex-education situations, questions of young people contemplating marriage and of older married persons with domestic difficulties to solve are brought to the office daily. In all of this individual work, the endeavor is to apply the best knowledge and experience gained through study of scientific methods and discussion with experts in the several fields. Like the dry-cleaner of our acquaintance, 'We try to improve the garment but cannot guarantee to remove all spots.' "

Florida—State Board of Health, Jacksonville.—"During the calendar year 1934, the social hygiene and venereal disease control program was continued without notable deviation from previous years. Our educational program included distribution of social hygiene bulletins, and publication of articles in our monthly bulletin, *Health Notes*. During a portion of the year a Parent Education program was carried on by a specially trained public health nurse. This work ended June 15th because of the resignation of this employee. We have continued the free distribution of

nearsphenamine to physicians for the treatment of their indigent patients, about 2,500 doses during the year. The three treatment clinics conducted by the Duval County Welfare Board at Jacksonville and the City Health Departments at Tampa and Miami have been continued. For financial reasons there is a great lack of adequate treatment facilities, neither official nor voluntary agencies doing anything like the amount of work that needs to be done. The outlook for broadening the scope of these activities does not appear bright."

Florida—Florida Social Hygiene Council.—"The appointment of Mrs. Willis M. Ball as Chairman of the State Board of Public Welfare has meant that social hygiene interests have been adequately represented in State welfare activities. The Social Hygiene Chairman, Mrs. David E. Bail, of the Florida Parent-Teacher Association has continued the educational program so far as possible. A literature exhibit was shown at the annual state meeting of this group.

"A paper delivered by Mrs. Ball before the Florida Educational Association in January on the 'Relation between Mental and Social Hygiene' has been published and received very favorable comment throughout the State. At least a dozen addresses have been made on the subject before church groups and social welfare bodies. A determined demand upon the State Board of Health has been made by our organization and supported by the P. T. A. to require doctors to put silver nitrate in the eyes of newborn babies. There is no statute requiring this service either from the State Board of Health or the State itself. We are looking forward to seeing this legislation enacted at the next session of the legislature in the spring. We are also going to try and get the State Board of Health to sponsor legislation requiring a blood test of pregnant mothers to determine whether prenatal treatment for syphilis is indicated."

Georgia—State Department of Public Health, Atlanta.—"Activities have been continued along the lines indicated in the report for 1933. Additional work at the present is the examination of all individuals receiving relief under federal allotment. In three counties, Glynn, Randolph, and Cherokee, Wassermann tests are being made, but so far the examinations run rather low in positives. The examination of the blood of all barbers and beauticians has been continued. There are no open houses of prostitution in our State. Clandestine prostitution is about the same as it has been. I do not know of any special work having been done for the prevention of delinquency.

"We have continued our program of education of the people concerning venereal diseases through the schools, colleges, and lay groups, especially the Parent-Teacher Association. The distribution of literature concerning parenthood, and sex education in the home has been limited owing to the fact we do not have literature and no money with which to buy such material.

"We can not meet adequately the demands made on the State Department of Health because we do not have a sufficient appro-

priation. You will be surprised to know that our appropriation is only fifty-five one hundredths of one per cent of the unallocated funds of the State, which is less than 3 cents per capita. There is no other fund for social hygiene work than a part of the appropriation allotted by the Commissioner of Health for that particular purpose."

Georgia—Georgia Social Hygiene Council, Emory University.—

"Over a year ago the Council sponsored a movement working toward a larger appreciation on the part of the public of the seriousness of syphilis. Addresses were made before various groups and organizations resulting finally in the city of Atlanta's passing an ordinance requiring a certificate of health from all food-handlers. We find that many householders as a result, are requiring similar certificates from their Negro servants. This we feel is laying the ground for further steps later to be taken.

"Scores of addresses have been made to high school students over the State. The efforts thus far made have been largely educational as the Council believes that little can be secured by way of progress until there is greater insight and understanding. It is hoped that during the year ahead some significant additions may be made to the clinical opportunities in the various sections of the State and at the same time a larger educational program be initiated. We are finding that people are freer to discuss the issues involved and more willing to deal with the ugly facts. This we think is a distinct gain."

Illinois—State Department of Health, Springfield.—"Since the first of the year, two clinics have closed, one in Chicago and one Downstate. Since January 1, 1934, the parole agents of the Pardon and Parole Board have visited all parolees released from penal institutions who have venereal diseases. They visit these parolees at stated intervals to ascertain whether they are receiving adequate treatment.

"During the year, 16,844 syphilis cases, 14,417 gonorrhea, and 148 chancroid were reported. This represents an increase over 1933 of 26 per cent for syphilis and 4 per cent for gonorrhea. The increase is due largely to the checking of positive laboratory reports against reported cases in our files, and contacting physicians relative to the non-reporting of their cases. Drugs were distributed to physicians and clinics in large quantities during the year. Rules and Regulations pertaining to communicable diseases are in the process of revision. Beginning January 1935, a State wide program will be initiated relative to control of congenital syphilis."

"Under the direction of the Bureau of Child Hygiene and Public Health Nursing, Mrs. Margaret Wells Wood of the national staff spent the months of March, April and May, and two weeks during December in a state-wide program. The objective was the development of public information in social hygiene and the formation of local social hygiene committees to carry on constructive programs to answer local needs. Among the groups reached were high schools and colleges, parents and teachers, church leaders, and civic and social workers.

One result of this program was the organization of community social hygiene groups in Alton, Bloomington, Harrisburg and Springfield. Further work toward the same objectives is contemplated during 1935."

Illinois—Committee of Fifteen, Chicago.—"The Committee continued its work against commercial prostitution under the supervision of an Acting Director, the General Director being on leave of absence. The usual procedure under the Injunction and Abatement Law was continued. Active cooperation of the Police Department was asked for and given in places where immediate action seemed warranted. During the year of 1934, 482 houses of prostitution were closed because of such action. No professional soliciting was observed on the grounds of the Century of Progress. On several occasions, girls visiting the Fair were found willing to go around and see the sights with a chance acquaintance, but solicitation by the street-walking type of prostitute was never found. As soon as resorts opened near the Fair Grounds they were reported directly to the commanding officer of the police district in which they were located. This arrangement with the Commissioner of Police of Chicago, James P. Allman, proved very effective. The financial depression has not caused a marked increase in commercial prostitution. More women resorted to prostitution for a livelihood but it was of the clandestine type and not the professional. Several established resorts closed because of lack of business and the lowering of prices for services. Commercial prostitution in Chicago in 1934 was less active than in 1933."

Illinois—Illinois Social Hygiene League, Illinois Social Hygiene Council, Chicago.—"Figures for 1934 from the medical department point to the fact that there has been no increase in venereal disease cases coming for treatment despite the fact that the clinic is popular and in good standing with social agencies in the city. Because the clinic is not overcrowded we are able to devote more time to each patient. A psychiatrist has been added to the consulting staff which now includes an urologist, and internist, and a nose and throat specialist. Staff members talk with and try to get to know each patient coming to the clinic. A larger proportion of married persons have been treated this year. Social work with these patients has been very satisfactory as they are cooperative in coming regularly and bringing in members of the family for diagnosis and treatment. Of 4,943 persons coming to the clinic in 1934, 438 were between 16 and 22 years of age. Most of the younger girls are very upset when they discover they are infected, but the boys take it in a very casual manner and take much persuasion before they see the necessity for persistent treatment, and their responsibility toward others. About 24 per cent of total treatments administered were given to patients referred by the Cook County Bureau of Public Welfare, the Unemployment Relief Service and other agencies.

"Educational work has grown this past year with both older and younger groups. Much of this section of our activities has been

done in connection with social agencies of the city, who are manifesting a keen interest in the work of the Clinic and in the social hygiene movement generally. A large one-day institute was held in conjunction with the Illinois Congress of Parents and Teachers. As one result 15 associations have been addressed by Dr. Bertha Shafer of our staff. A similar institute will be held this spring.

"The meetings of the Social Hygiene Council have been very successful this year, with large and enthusiastic meetings. The educational work with patients has already been mentioned. During 1934, 48 lectures were given to groups of patients, and the director alone had 450 personal consultations with individual patients, in addition to hundreds given by the social worker. Cooperation was continued with women's clubs. The Social Hygiene Council is represented on the Joint Committee on the Women's Court and the Detention Home which is attempting to improve the work of these important city institutions. Active part, also, has been taken in the work of the Council of Social Agencies.

"In our family consultation service 215 individuals came for advice in 1934, most of them from professional and well educated groups. A good many clinic patients also requested advice on marital or pre-marital problems, and some of the social agencies were eager to obtain advice in certain appropriate cases."

Illinois—Juvenile Protective Association, Chicago—"The outstanding activities for 1934 have included our intensive investigation of the taverns of Chicago and Cook County. This has resulted in law enforcement against commercialized prostitution. Taverns are becoming centers for prostitution. Houses of prostitution are operated in direct connection with taverns. Hostesses are used extensively, and these girls, who are very young, are subjected to illicit proposals from men patrons, and easily drift into prostitution. From June to December, 1934, we investigated 294 taverns, and in connection with them made 436 visits in the City and County. Every violation of law was immediately submitted to the officials. A report of this work is to be printed and ready for distribution in February.

"In addition, we have carried on continuous and intensive investigation of the dance halls in Chicago and Cook County. Through our efforts, the most notorious and demoralizing place in Cook County, 'The Silver Slipper,' has been closed and kept closed. Other places are kept up to standard through our efforts. Intensive investigation has been made of the objectionable theatres that have taken over the objectionable features of the Amusement Zone of the Century of Progress. Protective work during the Century of Progress at the Fair Grounds and in the City was made possible by special allocation of funds from the Community Fund of about \$5,000 for this purpose.

"In the field of delinquency prevention, I would place special emphasis on our services in individual case work; our work with the West Side Area Project; our work with the Committee on Adult Offenders of the Chicago Council of Social Agencies, including special effort to improve and extend Adult Probation; our work in connection with the controversy between the Criminal and Juvenile Courts in

relation to their jurisdiction in the case of juvenile offenders; work in relation to the State Institutions for the care of offenders; educational work, including newspaper publicity, bulletins to affiliated clubs, and the many talks we give to Parent-Teacher Associations, Civic and Club Groups; and family welfare case work.

"The vice situation is reported to be worse than during the Thompson regime. The Committee of 15 is handicapped financially and because it cannot function adequately without a director. Private agencies like the Juvenile Protective Association have inadequate financial support to meet the services they can and should give in the social hygiene field. We are represented on two committees that will make important contributions in their field, the Committee on Program for the Woman's Court (Jessie F. Binford, Chairman), and the committee making an intensive study of all organizations in the so-called Protective Field of Service in Chicago. This includes the Committee of 15 and the Juvenile Protective Association. Needs, services, quality of service, and other aspects,—all are being studied for the Chicago Council of Social Agencies. The reports of these committees will be not only of local but general interest and especially so to the national association."

Illinois—Social Hygiene Organization of Evanston.—This Organization under a small group of active leaders has worked hard for the past year to keep open the social hygiene clinic in the City Health Department, but owing to lack of funds it was necessarily closed the end of January, 1935. It is hoped that under newly elected city officers the clinic may be reopened this year with the support of city funds. The Social Hygiene Organization will continue to meet for educational purposes and hopes to keep alive the interest in this important work.

Indiana—State Division of Public Health, Indianapolis.—"The scope of activities of the Bureau of Venereal Diseases is so varied and far-reaching that it is difficult to tell the whole story in a few words. Considerable time has been devoted during the past year to formulation of plans for the benefit of indigent venereal disease patients. Plans were made to furnish drugs to practitioners treating this class of patient, such drugs only to be used for patients in the infectious stages or in the period of life when other individuals or progeny are endangered. This plan has been sympathetically supported by private physicians. There are no adequate figures available to show the actual prevalence of these diseases in the general population, but they are known to occur frequently among institutional population in the State. In one of the State insane hospitals at least 25 per cent of the inmates are there because of general paralysis of the insane. Since the reorganization of the Department we believe that there has come about a better understanding of the duties of public health officials and private physicians toward curative and preventive medicine as it relates to the venereal diseases. A committee of the Indiana State Medical Association cooperated with us in preparing a brochure on the treatment of syphilis and gonorrhea for wide distribution among

physicians of the State. Epidemiological activities have been conducted as in former years. Almost all penal and reformatory institutions furnish treatment for those infected with a venereal disease. When a patient still infected is released from one of these institutions a report on his case is forwarded to the City or County where he is going and treatment is continued by the home clinic or physician. An important opinion regarding treatment was expressed by the Attorney General of the State which has had significant results, namely, that a Health Officer can authorize treatment to be given to an infected person in order to protect the public health, at the expense of the proper county, city or town. This includes treatment of a pregnant woman who has syphilis.

"The Bureau of Health Education disseminates social hygiene information to the public by lectures, films, exhibits, literature, and other suitable means. Literature was distributed to the enrollees of Civilian Conservation Corps camps throughout the State, and to many other special groups."

Iowa—State Department of Health, Des Moines.—"A venereal disease division is maintained in Iowa under the State Department of Health. As a main feature of our work we attempt to encourage physicians to report all cases of venereal diseases and locate and follow up all known sources of infection. An intensive effort has been made to reach all physicians through radio-broadcasts, talks, free literature and free arsenicals so as to encourage and impress upon their minds the necessity of reporting every case. We are continuing to dispense free one package of neoarsphenamine to each physician upon receipt of a report of a case of syphilis. We have no definitely outstanding plans as yet for 1935 beyond the maintenance and extension of our present program. We will still attempt to get names and addresses of known sources and place them under treatment."

Iowa.—Iowa Joint Social Hygiene Committee, Des Moines.—"This committee is made up of a group of individuals each representing unofficially various organizations in this state. We have no definite program. Our last meeting was in Des Moines on May 15, 1934, during the convention of the National Congress of Parents and Teachers. Short reports were given by members on the activities in which they have been engaged. The following subjects were stressed, which in themselves show Iowa's need for a real program of social hygiene: 1. Need for adult education on Iowa's social laws; 2. Need of information on birth control; 3. Work done in the Child Welfare Department at the University of Iowa; 4. Wholesome activities for boys and girls; 5. Congenital syphilis in Iowa—the need to fight it. This was given by Dr. Frederick J. Swift of the State Board of Health and was the feature of the meeting; and 6. Testing out the sterilization law. The group as individuals endorsed a resolution to support the work of the National Committee on Federal Legislation for Birth Control.

As head of the Division of Health of the Iowa Congress of Parents

and Teachers I am interested in a social hygiene program in every community for the information of the young people. Because of the lack of knowledge of parents, it seems to me it is the business of the schools to present the related subjects in a way insuring that no individual can ever be a victim of the disasters due to sex because of his own ignorance. We have put on a little program in a community of 1,500 to demonstrate the feasibility of talking it over with the parents and later with the young people. I did the same thing at Des Moines for the Convention, and the reaction was fine. I wish Iowa could see the need and value of this type of thing."

Kansas—State Board of Health, Topeka.—"In regard to State Board activities for venereal disease control during 1934, we are in the same position as in 1933. We have no appropriation from the legislature for this work and, therefore, there have been no activities carried on, except the distribution of literature. We have been notified by the budget director not to make any request for an additional appropriation for 1935 and 1936. Venereal disease control is being adequately met only in three large cities, Kansas City, Wichita, and Topeka, which are still operating their venereal disease clinics for the treatment of indigent persons."

Kentucky—Social Hygiene Association of Kentucky, Louisville.—"Outstanding activities for 1934 have been distribution of literature to schools and individuals, showing of motion picture films, lectures, radio talks and newspaper and periodical publicity, and the council on family relations, given only upon request by members of the staff of the Association. We feel very much encouraged over the social hygiene situation in Louisville and the State, particularly the State, since in Louisville this has been taken care of by the various local organizations, and we served mainly in an advisory capacity. Through the 41 social hygiene book sections throughout the State donated by this Association to the Free Public Libraries, and 4 of these sections in Louisville, we feel that we have done remarkably well on our limited means during the past two years. We have not been able to meet the social hygiene needs adequately, but we have utilized every resource to the very best advantage, with the result that we are having more requests for council, personal advice, lectures and literature than we have had in many years. Because of better conditions in the State, more adequate funds will be available these next two years. We have been able to get the cooperation of many more official agencies during the past two years than ever before. Our program for 1935 will depend entirely upon the budget we receive. The outstanding activity will be the libraries as heretofore."

Kentucky—State Board of Health, Louisville.—"The State Department of Health of Kentucky maintains 71 all-time health departments in which venereal disease control is made an integral part of the public health activities. An active venereal disease clinic, as well as a congenital and prenatal clinic, is conducted at regular weekly inter-

vals in each of these all-time health departments. The clinics in the health departments are conducted on the nominal pay basis, which nominal pay yields sufficient funds to pay for the remedial agents necessary to treat those who are infected with syphilis or other infectious diseases. However, no acute cases of syphilis are refused treatment, sufficient to put them beyond the probable stage of infection, even though they are unable to pay any nominal fee whatever. No prenatal cases of syphilis are refused treatment but are given adequate treatment during the period of their pregnancy, as soon as they are diagnosed. Cases of congenital syphilis are given adequate treatment, regardless of their ability to pay nominal fees.

"The sanitary inspector and nurse do follow-up in venereal disease cases just the same as they do in other infectious diseases. I think we might say there are no longer any inhibitions against accepting venereal diseases as a public health problem, taking their place in accordance with their local prevalence, and approaching them with the same spirit as we would diphtheria, scarlet fever, and other controllable diseases. The only difference is in the approach. There are adequate facilities for law enforcement and there is little or no controversy in persuading or compelling those who are infected with venereal diseases to attend these clinics. If the patient is indigent, he is admitted to the clinic; if he is able to pay an acceptable fee he is referred to his family doctor, who cooperates with the clinic.

"We have four municipal clinics, connected with the medical school or other city health agencies, which are not connected with the all-time health departments. These clinics are large and it would not be practical to carry this volume of work as a county public health activity. However, in the counties in which this large population exists we have county health officers who cooperate with the municipal clinics.

"In the 49 counties in the State in which we do not now maintain an all-time health department, there are one or more doctors who are equipped by scientific training to care for venereal diseases. These doctors are commissioned as cooperative clinicians and all patients who are known to be infected with venereal diseases are referred to them for treatment. This is by consent of the local medical society who usually gives very splendid cooperation in this effort. The work done through the cooperative clinicians constitutes a very substantial part of our venereal disease control procedure.

"Arsenicals and other remedial agents are furnished through the department of health at lowest prices consistent with maintaining a rotation fund which is set aside for the purchase of these agents. This again has proven to be a very satisfactory procedure, overcoming the usual difficulty of having insufficient funds to defray this expense. The director of the Bureau of Venereal Diseases spends much of his time in visiting regular county and medical societies throughout the State, discussing with doctors the scientific problems in the treatment of venereal diseases, as well as attending most of the district meetings of health officers which are held at stated intervals.

"The Bureau of Venereal Diseases maintains two all-time, well-trained field workers. One nurse visits all health departments and

all cooperative clinicians and assists them in bringing under treatment all cases of congenital and prenatal syphilis. This nurse has had unusual training that gives her splendid facilities for carrying forward this work. The male worker is a man of some 15 years' experience in venereal disease control work, who visits all health departments and isolated areas where there is no health service, attempting to get under treatment all acute venereal disease infections, particularly acute syphilis. Through the health officer and county officials he sees also that adequate law enforcement is maintained to compel delinquent girls to come under observation and treatment. Many cases of young delinquents are sent to the State Reform School for observation and treatment for a period of time. Many of the better prospects for rehabilitation are sent to one of the Convents of the Good Shepherd. This has proven to us an exceedingly satisfactory approach to the very young delinquents who are infected with these diseases and left in the world without proper home or guardian care."

Louisiana—Social Hygiene Association of New Orleans Affiliated with State Board of Health.—"Our lecture program has been continued to parents' clubs of the public schools, college students, groups at the Y.M.C.A., the Transient Bureau, and others. We feel that the education work among groups of this character is bound to have far-reaching effects. We were particularly fortunate in being able to secure the services of Dr. Valeria Parker of the American Social Hygiene Association for a three-day lecture period. During this time, Dr. Parker spoke not only to professional groups, such as nurses and social workers, but in addition, we were successful in securing consent of a number of the larger high schools for lectures to be given to the students. We were much gratified at the attendance, several of the talks having been delivered to 500 students or more. The results were most satisfactory and many expressions of commendation were heard from parents, teachers and students. Pamphlets on sex education and venereal disease have been distributed to individuals all over the state, to Boy Scout leaders, Negro physicians, school teachers and to the Transient Bureau.

"A syphilis clinic has been opened at Flint Goodridge Hospital (Negro), which we feel is a result of the Social Hygiene Institute held there last winter. We have cooperated with Better Health Week, Negro Health Week and an Institute on Venereal Diseases given to a group of nurses from the E.R.A., with child welfare organizations, public schools, the Metropolitan Life Insurance Company, and the Touro Training School.

"At the Regional Social Hygiene Conference and Institute held at Houston in December, we were represented by our president, Dr. W. H. Perkins, Professor of Preventive Medicine, Tulane University, and Mr. Ralph E. Boothby, Headmaster, Metairie Park Country Day School, New Orleans. Dr. Perkins spoke on *Preventive measures in venereal disease control* and Mr. Boothby spoke on *The part of the school in sex education.*"

Maine—State Department of Health and Welfare, Augusta.—

“Work has continued along the lines reported in 1933. Ninety-two physicians were furnished with drugs this past year. In this state the problem of treatment of indigents is becoming more serious. We are asking for an additional appropriation from the present legislature, hoping to be able to employ a medical field worker for case work and making arrangements for care of indigent cases. We are constantly aware of the sacrifices that many private physicians are making to help in this difficult situation. Some way should be found by which these men could be paid for their services, because we have no right to expect them to carry the burden of indigent treatment with its time-consuming details without help.”

Maryland—State Department of Health, Baltimore.—

“There are four venereal disease clinics in Baltimore City that function almost every day in the week. In the twenty-three counties of Maryland there are thirty-one clinics conducted for the treatment of venereal diseases on definite days and at definite hours. In the smaller towns one or more physicians are supplied with treatment outfits upon the agreement that all cases of venereal disease indigent or otherwise are to be treated. In this way treatment is within reach of any person suffering with a venereal disease.”

Massachusetts—State Department of Public Health, Boston.—

“Outstanding activities for 1934 have been:

“Continuation of the previous program of the Department as outlined in last year’s summary, plus the inauguration of full-time social service at the Lynn Hospital Clinic and the beginning of a surprisingly successful effort to encourage local boards of health to pay clinics for the treatment of patients with gonorrhea or syphilis who cannot afford to pay for their own medical care. Full-time follow-up service has been extended to the Lynn Clinic, and the general effectiveness of medical instruction and social service has increased the number of visits per patient in the clinics. As to publicity for the program there have been some scattered references of gonorrhea and syphilis in the newspapers of the State, although these references have not amounted to any more than an apparent entering wedge.

“This Department has left the problem of law enforcement against commercialized prostitution entirely in the hands of the police and the Massachusetts Society for Social Hygiene. The subjects of sex education and training for marriage and parenthood and family counselling are also entirely in the hands of the Massachusetts Society.

“The general social hygiene situation in the State has changed only to the extent that there is the usual increase in demand for talks both from the Massachusetts Society for Social Hygiene and this Department. The budget of this Department for 1934 was not reduced from that of 1933. Plans for 1935 embrace a continuation of the present program.”

Massachusetts—Massachusetts Society for Social Hygiene, Boston.—

"Our program during 1934 has included the following:

"I. *Consultation Service.* The outstanding development of the work of this Society in the year 1934 was the formal setting-up of a Consultation Service. This service had been carried on informally by our lecturers for two and a half years. The results secured through this activity were sufficiently impressive to induce the Society to make a study of plans in operation in other cities. Accordingly, Mrs. Dorothy W. Miller of the staff of the Society visited New York, Philadelphia and Washington in the spring of 1934 to study at first hand various organizations engaged in this work. As a result of Mrs. Miller's report on plans in successful operation, the Society decided to proceed to set up as a definite service to the community a Consultation Service based on the best features of those studied in the other cities. The members of our Executive Committee voted at the June meeting to invite certain leaders from the fields of medicine, law, education, psychiatry, social service, religion and community agencies, to sponsor this Consultation Service. The following persons have accepted membership on this Advisory Committee: President Bancroft Beatley of Simmons College; Dr. George H. Bigelow, Superintendent of the Massachusetts General Hospital; Rev. Vincent Leroy Bennett; Dr. E. Granville Crabtree; Mrs. Robert L. DeNormandie, President of the Boston League of Women Voters; Dr. Sheldon Glueck, Professor of Criminology at Harvard Law School; Mrs. Lucy Jenkins Franklin, Dean of Women, Boston University; Rabbi Harry Levi; Dr. Alonzo K. Paine; Miss Florence Patterson, Director of the Community Health Association; Rev. Palfrey Perkins; Dr. George Gilbert Smith; Dr. Harry C. Solomon; Mrs. Maida H. Solomon; Dr. A. Warren Stearns, and Mrs. Eva Whiting White.

"For executive purposes a Steering Committee of three was appointed to assume immediate responsibility for the service. This Committee meets monthly and reviews the records of consultations, helps in the details of organization and administration, and will report to the Executive Committee in 1935 after a sufficient period of time has elapsed to make it possible to evaluate the service.

"II. *Lecture Service.* Our lecture service has continued to be furnished this year to a great variety of groups with our three lecturers, Dr. Helen I. D. McGillicuddy, Educational Secretary; Lester W. Dearborn and Dr. Rolf Lium.

"III. *Institutes.* Two successful social hygiene institutes were held this year, one in Boston for instructors and superintendents of nursing schools and the other in Springfield for nurses, social workers and civic leaders.

"The Institute in Boston was held on March 8, 1934, at the Y.W.C.A. and was under the joint auspices of this Society, the Massachusetts League of Nursing Education and the Boston Health League. The attendance at this Institute was nearly 500 and sessions were held morning, afternoon and evening. One of the results of this meeting was a resolution requesting the League of Nursing Education to cooperate with the Massachusetts Society for Social

Hygiene in considering the question of suitable courses in syphilis and gonorrhea and sex education in the schools of nursing. A Joint Committee is now at work.

"The Social Hygiene Institute in Springfield on October 9 and 10, under the joint auspices of this Society and the Springfield Health Council proved successful beyond all anticipation. The program, which included discussions of various aspects of social hygiene,—educational, medical and related measures,—provoked widespread interest on the part of the people of Greater Springfield and resulted in the adoption by the local group of a resolution asking for the formation of a Social Hygiene Committee of the Springfield Council of Social Agencies.

"Under the general heading of 'Institutes' might also be included the Conference on Sex Education, Marriage and the Home, held in Boston early in 1934. This Conference which was offered to clergymen and church workers was under the auspices of the Greater Boston Federation of Churches and our Society cooperated to the extent of furnishing a large part of the program.

"IV. *Boston Dispensary.* With the assistance of the Boston Emergency Relief Campaign of 1934, we have been able to continue the support, in conjunction with the State Department of Health, of the extra clinic facilities for patients with syphilis and gonorrhea at the Boston Dispensary. These evening clinics are designed to take care of patients who cannot attend in the day time and whose straitened circumstances make it impossible for them to pay regular physician's fees.

"V. *Monthly Bulletin, Literature and Lending Library.* Our Society has continued as in the past the distribution of pamphlet material, the publication of the Monthly Bulletin, which goes to about 1,850 individuals, and the maintenance of a lending library of books on social hygiene.

"In an effort to contribute to the education of physicians in a better understanding of social hygiene, we have prepared a bibliography for hospital libraries throughout Massachusetts and are recommending that the books included in these lists be purchased for the use of physicians and nurses.

"VI. *Plans for 1935.* Plans for 1935 contemplate a continuation of the existing activities, contingent upon funds being available for the maintenance of the current program."

Massachusetts—Lowell Social Hygiene Society, Lowell.—"The Society has had no official meetings during the year. Individual members of the Committee have done much to further public health progress. Mr. Dearborn, lecturer from the Massachusetts Society for Social Hygiene, has given lectures before forty young men at the local Y.M.C.A., which were very well received.

"The Society is still aiding the Social Service work at the Lowell Genito-Urinary Clinic."

Michigan—Social Hygiene Committee, Municipal Welfare Guidance Bureau, Grand Rapids.—"In November 1933, a Social Hygiene Committee was formed, including clergymen, physicians, nurses, social

workers, laymen and women. The first undertaking was a radio program, which was launched on December 4th, and continued each Monday evening at 7:30 o'clock until July 16th. The time was given free by the local station and the speakers donated their services, discussing such subjects as,—*What, when, why, how shall we tell our children? Marriage,—preparation for the journey; Danger spots in our community; Recreation or dissipation? Thirteen ways of being a good parent.* Every newspaper, daily and weekly, carried advertisements of these programs and a splendid account of each week's talk was given the following day in the leading daily—sometimes the talk was printed in full. Nearly 7,000 copies of these talks were distributed to persons requesting the material during the year. The distribution of suitable informative literature, which has been obtained from Federal and State Health Bureaus, has been carried on continuously.

"The organization of a Better Films Council has been a major project during the past months. Last week our largest local daily carried a series of four articles written by our members. A picture which the Chicago Tribune Critic described as disgraceful and disgusting was banned by a local theater manager, upon our recommendation. Excellent cooperation is being worked out between our Council and the theaters. Double billing is about to be abolished. A bi-weekly movie guide is published in the Grand Rapids Press, which we compile to aid the parents in selecting entertainment for their children. This is a most helpful and constructive project and very popular.

"A long and hard fight was engaged in against walkathons. An ordinance was passed by our City Commission due to our efforts, and a court case against the walkathon was decided in our favor. We are now about to introduce a bill in the State Legislature to repeal the statute which now exists, permitting their operation in the State. At present we are busy working out some kind of voluntary code regulation for household employment. A letter to our Prosecuting Attorney asking about the law concerning women serving in beer establishments brought forth much applause and has had very favorable results. We were invited to address a large group of bar-maids and their employers. This was written up editorially in the Detroit Daily News and elicited favorable comment from our newly elected Attorney General, Mr. Toy. We have every reason to believe that favorable legislation to improve the liquor situation in our state has been influenced to some extent by our activities in that regard. Floor shows are being abolished voluntarily by our local liquor dispensers, earlier closing and the 21-year age limit were also among our requests, which seem to be about to be accomplished."

Michigan—Detroit Social Hygiene Conference.—"The Conference is endeavoring to carry on its activities, but is much hampered for lack of funds. The Family Relations Bureau, set up in the latter part of 1932, continues to function with Dr. Edith Hale Swift as director. Wayne University has two well attended classes each semester under the general heading of *Personal and Social Guidance*, taught by the director. A few schools, churches and clubs have study courses or lectures whenever they are able to manage the fee for such service."

Minnesota—State Department of Health, St. Paul.—"The venereal disease problem in Minnesota perhaps needs some re-statement to give a clear idea of the present method of control. For persons unable to pay for private care there are 6 clinics, all located on the eastern border of the state, in Minneapolis, St. Paul, and Duluth. The Minneapolis City Health Department has employed 4 nurses who follow up reported delinquents and aid in control of patients in the 3 city clinics. St. Paul has one nurse and Duluth one social worker and one nurse for this work.

"This leaves an area of over 84,000 square miles, largely rural, in which the follow-up of patients delinquent in treatment, sources of infection and contacts, as well as treatment arrangements for indigent patients, is the responsibility of the Division of Preventable Diseases. The work in rural Minnesota is necessarily limited by what can be done by one epidemiologist and one medical case worker with clerical assistants. During 1934 the epidemiologist made field investigations which required 23½ days, 20 nights, and 2,660 miles by auto in 98 sanitary districts of 32 counties, following 146 persons, and interviewing 94 physicians, as well as investigations of general preventable diseases requiring 75 days, 53 nights, and 7,832 miles of travel in the field. The medical case worker investigated 231 situations in 145 sanitary districts of 41 counties, following 483 persons and interviewing 128 physicians, in all requiring 88½ days and 46½ nights in the field, 8,674 miles by auto and 672 miles by train. The work is further analyzed as follows:

807 "NEW" SITUATIONS IN 1934 *

Referred by:	Location	Persons Involved
580 Physicians	16 Mpls.	368 lapsed in treatment
87 Hospitals and Clinics	29 St. Paul	301 spreading disease
43 Social and Penal Agencies	4 Duluth	235 contacts
39 Other Boards of Health	758 State	319 unable to pay costs
40 CCC and Transient Camps		of medical care
10 Private Individuals		
8 Personal Applications		
807	807	1223

* An additional 547 situations continued from previous year required further case work.

"In all reported early cases of syphilis an effort is made through the physician and patient to obtain names and information regarding sources of infection and contacts, and investigation is carried on in the field along epidemiological lines. The success of tracing sources and contacts has been most gratifying. Many new cases have been uncovered and persons who would not voluntarily have come to physicians for treatment have been placed under treatment with resulting control.

"As mentioned in last year's JOURNAL, an attempt was made to determine the practicability of offering the service of making darkfield examinations on proper specimens submitted by mail. The darkfield mailing outfits which were sent to a small number of selected physi-

cians have not been returned in sufficient number to judge the practicability of such a service. However, we have begun to send the outfit whenever a blood specimen which yields a negative Wassermann is accompanied by a data card indicating the presence of a suspected primary lesion. The number of such examinations is as yet too few to be reported.

"During 1934 the distribution of free anti-syphilitic drugs has been used as a demonstration of health department aid in keeping patients under treatment. The name of the patient is required before drugs are sent in order that treatment record may be made available on transfer to another physician. When a reasonable length of time has passed after sending a supply of drugs, follow-up by letter usually brings a request for more drugs, a request for a letter from Division to the patient lapsed in treatment, or information regarding the new address or physician. Along with this, an effort is made to arrange payment by the township or municipality for the services of the physician administering the drugs. For patients with primary syphilis, the physician is urged by letter to obtain source of infection and contacts. For those patients having late syphilis, the physician is reminded of examination of marital partner and any children. If no reply results, the case is listed for investigation in the field. After six months' treatment in primary infections, and in many of long standing, we advised physicians to submit spinal fluid specimens to our laboratories and several neurosyphilitics have thus been discovered and proper treatment instituted before major breakdown occurred. For this method of educating the physician, ammunition has been supplied from the published Cooperative Clinical Studies in the Treatment of Syphilis. On the whole, the results have been encouraging, the response of the physicians giving promise for the future.

DISTRIBUTION OF DRUGS BY STATE DEPARTMENT OF HEALTH

	<i>Physicians</i>	<i>Patients</i>	<i>Doses Arsenicals</i>	<i>Doses Bismuth and Mercury</i>
1932.....	190	293	3195	6,972
1933.....	221	486	4861	10,315
1934.....	273	585	6458	13,965

"Thanks to the studies and tabulation, by a part-time physician, of persons receiving free drugs in last five years, a few of those indicating the imperative need of continued treatment have been followed as outlined above. This check-up reveals the breakdown due to economic situation of previous arrangements for treatment through payment by municipality or county, and points to the necessity of making the local community authorities more aware of their responsibilities, or to the establishment of a state fund from which payment for medical care will automatically be made on discovery of the infected person. This latter proposal has been incorporated in the recommendations to the Governor's Planning Commission.

"On April 19, 1934, the State Executive Council appropriated \$3,500 for the purchase of more antisyphilitic drugs as an emergency act supplementing the funds for this purpose which had been exhausted.

"In July recommendation was made to the Board of Control that a routine blood Wassermann be required in each Federal Relief authorization for pre-natal care. This was acted upon favorably by the Council and Public Relations Committee of the State Medical Society, September 9, 1934. Subsequently, an attempt was made to get Federal Relief Administration to pay for administering at least fourteen injections when treatment is needed, but to date this has not been included in the fee schedule.

"At the beginning of the fourth quarter, the State Board of Control appointed a physician to make a survey of venereal disease in penal institutions, the laboratory examinations being made by this Division of the State Board of Health.

"At the beginning of the year, suggestions were made to the Federal Relief Transient Activities on examination for venereal disease, and assistance has been given in arranging the set-up for treatment. From a concentration camp near the Twin Cities have come 4,346 blood specimens for routine Wassermann; an incomplete survey eliminating duplicates indicates about 6.7% Kolmer positive, 2+ or more. One hundred eighty-two men have been placed under treatment which averages 24 neocarsphenamine and 26 bismuth salicylate injections each. Of all men admitted to this camp, a diagnosis of syphilis could be made in 230, or 4.7%; 7 were in the primary stage, some were judged too old or uncooperative for treatment; and 2.8% were treated for gonorrhea. It should be noted that the majority of entrants are homeless residents of Minnesota, employed until recently, and do not fall into the class of transient seasonal labor. The follow-up of primary infection sources and, where address is given, of those leaving camp with more treatment needed, has been an added burden on our over-taxed facilities and personnel.

"The same may be said for the follow-up for the CCC camps for which Fort Snelling Hospital is the clearing station. Splendid co-operation from the medical officers has been received, which has expedited the tracing of sources and placing patients under continued treatment on return to home community. The Indian Emergency CC has contributed its share to this burden, their similarity in names and constant shift of residence making extremely difficult an efficient follow-up.

"The reported cases from new agencies account for the increase of reported cases of syphilis, 4,071 in 1934, 3,824 in 1933, but gonorrhea has fallen from 4,339 in 1933 to 3,865 in 1934. The reporting from clinics and private physicians bears about the same ratio as in 1933. It seems therefore that less persons with syphilis and gonorrhea are coming to the attention of physicians because of inability to pay, either not getting their infection diagnosed or resorting to self-treatment or doing without treatment entirely. The future cost to the state from physical breakdown due to lack of treatment at this time cannot be easily measured.

"Municipal clinics report inability to handle their case loads adequately. This is largely due to insufficient appropriations and facilities and to the over-burdened personnel, lessened in numbers and struggling to keep pace with increased demands placed upon a public

agency. There appears to be a definite let-down in suppression of commercialized prostitution."

Mississippi—State Board of Health, Jackson.—"The outstanding accomplishment of venereal disease control in the State of Mississippi for 1933 is the establishment of a clinic in the State Charity Hospital at Meridian, Mississippi. The records are kept by the county health department and the follow-up nursing service is done by the nurses of the county health department. The treatment is carried on by the medical profession of the local medical society. Each physician working in the clinic gives a certain number of hours each week to the project. We believe this setup gives the promise of being a most effective method of dealing with the venereal disease problem in Mississippi. The problem is one for the medical profession to solve, and if treatment facilities can be provided to care for those who are unable to pay for treatment from private sources, the medical profession will cooperate to the limit of their ability.

"In the general social hygiene situation in this State, there is no special change. We do not believe that the social hygiene needs are being met adequately; however, under existing economic conditions, this is not possible. Through the relief agencies, medical care for indigent syphilitics is being provided in every section of the State to some extent. In some sections through the cooperation of the medical profession and health department, the needs are being rather adequately met but the financial support is insufficient.

"Our plans for 1935 include the preparation of printed instructions to patients with syphilis or gonorrhea, for distribution by local physicians, to impress infected persons with the necessity for adequate treatment and special care against spreading the disease to others."

Missouri—State Board of Health, Jefferson City.—"The Board furnishes free laboratory service to those who request it, although it is sometimes difficult for rural practitioners to take advantage of this facility. The State furnishes drugs at cost to those treating the venereal diseases, and also supplies silver nitrate ampoules for the prevention of 'ophthalmia neonatorum.' Special efforts are made to prevent congenital syphilis through following up reports from clinics. Each County Health Unit has a definite program for the control of gonorrhea and syphilis. All public health nurses are instructed to investigate any reported or suspected conditions."

Missouri—Kansas City Social Hygiene Society.—"The Social Hygiene Society is really doing better than holding its own. We hope for a break when things become somewhat normal again.

"In the medical and public health work against the venereal diseases, the outstanding event for 1934 was the appointment of Dr. Francis McCallum as Commissioner of Venereal Disease Control, a newly created division of the Kansas City Department of Health.

"The active program of the Church Section, the continuation of the Consultation Service, and the development of the Youth Sec-

tion for study and research, are the principal activities of this year. There has been an increased demand for individual and family counseling. However, social hygiene needs of Kansas City are not adequately met by either voluntary or official agencies and to date the financial situation has not been relieved. There are some 60,000 young persons in Kansas City between the ages of 18 and 24 years, and the plans for 1935 carry an enlarged and intensified educational program for youth, and the establishment of a Youth Leaders Council in the Youth Section."

Missouri—Missouri Social Hygiene Association, St. Louis.—"The outstanding achievement of the Association for 1934 was a most successful Social Hygiene Institute in October. The Institute's program was planned for the Community as a whole, presenting Social Hygiene from its legal, medical, and educational aspects from a community as well as sociological viewpoint. The attendance at the three sessions of the Institute totaled three thousand, and represented practically every group in the community, including, nurses, teachers, social workers, physicians, dentists, students, druggists, parents, church workers, and others.

"In November, 1934, the Social Hygiene Consultation Service was formally announced. The service is open both to those wishing counseling on social hygiene problems on their own behalf, and to social workers wishing advice in counseling on such problems among their clients. The announcement has been met with a number of immediate requests for appointments.

"On September 21, the Association sponsored, with the Woman's Auxiliary to the Missouri State Medical Association, a Social Hygiene Luncheon at the annual meeting of the Missouri Public Health Association. About fifty attended the luncheon.

"Preliminary plans are now being made for a series of talks for physicians, white and colored, to be held the early part of 1935. The St. Louis Medical Society, the Mound City Medical Forum, and the St. Louis Health Department are cooperating.

"The medical policy is, in brief, to emphasize the public health aspect of venereal diseases. Many lectures and radio talks on the subject have been given in 1934. A sub-committee known as the survey committee has been appointed. It is now studying the resources available for the control of venereal diseases, in order to formulate the ideal set-up for St. Louis. Steps have been taken to enlist the druggists and Board of Pharmacy of the city to combat the practice of prescribing over the counter and the selling of solutions and syringes to clients with gonorrhea.

"Besides medical talks, 27 lectures on educational subjects have been given. The Society's loan library service has been active with 75 requests for books, besides which a great deal of pamphlet literature has been distributed. Publicity items have numbered 120, including news articles and items in three city newspapers, articles in University papers, medical society bulletins, druggists' magazine, and others, and announcements and short articles in church bulletins.

"For 1935, the Association has outlined the following program which will bring it into very close cooperation with the Division of Health of the City of St. Louis and with the Health and Relief Agencies of the Community Council:

"I. Mass information in regard to Venereal Diseases, for Groups of patients at the Municipal Venereal Disease Clinic, groups of patients at other clinics (St. Mary's and Washington University), the staff personnel of various social agencies, and groups of young people at settlement and neighborhood houses.

"II. Consultation service."

"III. An attempt to interest in the financial findings of survey made last year, 'Costs of Venereal Disease to St. Louis,' certain influential citizens who might be reached only through this phase of our program.

"IV. Continuation of a comprehensive Health and Public Instruction Program which is always an important part of the organization's work."

Montana—State Board of Health, Helena.—"The state furnishes free laboratory service for the diagnosis of syphilis and gonorrhea. It furnishes report blanks and instruction sheets for the use of physicians. At the present time no free drugs are furnished because of lack of funds. The only effort to prevent prenatal syphilis is that prenatal literature sent out suggests a careful physical examination by a physician. Venereal disease treatment clinics are operated in Great Falls and Bozeman by the local full-time county health officers. In each county in the state a physician is designated as county physician to furnish medical care to the poor. This physician is required to furnish free treatment to indigents who have venereal diseases. The venereal disease law specifically requires that each county must furnish hospital facilities for the isolation and treatment of persons suffering with venereal diseases. The transient is a big problem from the venereal disease standpoint and the State Relief Administration makes special arrangements for the treatment of venereal disease cases in the transient camps of the state."

Nebraska—State Division of Venereal Diseases, Lincoln.—"There have been no innovations in conduct of our venereal disease control during the current year. The work has been carried on to the extent possible with our very limited finances. There has been somewhat of an increase in demand to aid in care of indigent cases."

Nevada—State Board of Health, Carson City.—"The outstanding activities for 1934 in our State were seeing that a pure water supply and milk supply were furnished. Nothing has been done in the way of venereal diseases. We have no laws against commercialized prostitution except a ruling that all prostitutes must be examined by a physician and hold a card of good health. No health education has been done concerning syphilis or gonorrhea. Neither has there been any sex education. There has been no change from last year in the character of demands for service. It is hard for you to understand, no doubt, this situation, but if you

can figure a State of 110,000 square miles with less than one person per square mile you will then have some idea as to the difficulty in this type of work. Our plans for 1935 will be along the same lines as those of 1934."

New Hampshire—State Board of Health, Concord.—"We are submitting some information relative to the work of the Division on Control of Venereal Diseases:

For the Year Ending June 30, 1934.

Number of cases of Syphilis:

Males	2,661
Females	1,899
	<hr/>
	4,560

Number of cases of Gonorrhea:

Males	2,200
Females	533
	<hr/>
	2,733

Chancroid:

Males	3
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Total number of visits to clinic	14,829
Total number of treatments received	11,844
Total number of doses of arsphenamine administered	2,447 "

New Jersey—State Department of Health, Trenton.—"There have been no unusual innovations on the part of the Bureau of Venereal Disease Control for the year 1934. By that it is not meant that there has been inactivity. On the contrary the work in venereal disease control has been carried on a full speed along well developed lines.

"The new State law, known as the enforcement law, adopted in 1933, has proven its value and there has been a greater sense of security in carrying out control measures relating to suspected persons and delinquent patients. There has been no abatement in the popular health education concerning syphilis and gonorrhea; rather there has been a pressing forward in that more definite, more concrete steps have been taken. The pioneering of several years ago has proven its value and mixed groups welcome the presentation of venereal disease control measures in ways that several years ago would have been entirely out of the question. False modesty has been thrust aside by parents who want their children to have adequate sex education as a protection against venereal disease.

"As to the general social hygiene education in New Jersey, there has been a distinct advance over last year. The uncertainty created by proposed abolition of the Bureau of Venereal Disease Control has been changed to a recognition that the venereal disease problem can best be handled by a separate bureau. The wonderfully successful lectures on venereal diseases to the young men of the C.C.C. at Camp Dix, 9,000 in all, have been continued,

and the same type of lecture is given to the 22 smaller branch camps in New Jersey, all with the unqualified approval of the army officers.

"As to the plans for 1935 there will undoubtedly be an extension of the investigational activity. By that is meant the assistance rendered local health officers in handling suspected cases, most valuable aid to rural health officers of small communities who lack the equipment in municipal health departments. The Bureau has taken measures to relieve sufferers in need of treatment, and passed over by the Emergency Relief Commission, by supplying drugs from the Bureau's limited stocks. It continues to assist clinics by furnishing drugs in emergency cases, and will continue to do so as long as the emergencies and the supplies co-exist. An increased demand over 1934 for amniotin for treating gonorrhea in little girls is anticipated and well be met."

New Mexico—State Bureau of Public Health, New Mexico Social Hygiene Society, Sante Fe.—"Social hygiene activities during 1934 may be briefly commented upon, as follows:

"A serological survey was made of Mora County, to find out how much syphilis there is in the general population, especially among the Spanish-American people, and to devise means of treating infections in under-privileged rural groups. The American Social Hygiene Association contributed money and personnel. Examination was made of 5,000 specimens of blood by both Wassermann and Kahn techniques. These indicated a prevalence of 5.8 per cent for syphilis, about one case in 20 under treatment by licensed practitioners.

"Educational activities consisted of a course of lectures at the State Normal University, newspaper articles and public addresses on social hygiene, addresses by Dr. Walter Clarke of the national association before county medical societies.

"The legislature meets in January, 1935. They will be asked to confirm an arrangement with the U. S. Public Health Service whereby the state guarantees the continuance of free distribution of arsenicals for treatment of the indigent and the Service promises to lend an officer to organize the campaign against syphilis. It is understood that he will also assist in the development of the New Mexico Social Hygiene Association as part of the campaign. The state undertakes to continue to work without aid after a period of eighteen months. The legislature will be asked to pass a bill establishing health districts under full-time health officers. If adopted this bill will bring the whole state under full-time health officer supervision on July 1, 1935.

"As to the New Mexico Social Hygiene Association, all available funds have been spent on (1) support of the survey of Mora County, and (2) purchase of social hygiene literature. The slender resources of the State Association were doubled for these purposes by being matched with money from the State Health Protection Fund, a fund appropriated by the New Mexico legislature. Our secretary has been appointed president of New Mexico's Junior College. This is a strategic position, and with our vice-president head of the Normal

University, we are closely associated with the educational system of the State. The local social hygiene society needs an active interested secretary who can afford to travel and can spend time building up the membership."

New York—State Department of Health, Division of Social Hygiene, Albany.—"Fundamentally the social hygiene problems of the state remained about the same in 1934 as in previous years. However, because of the need for cities to curtail their budgets and the ever increasing persons unable to continue wholly self-supporting, all of the problems of syphilis and gonorrhea increased in extent. More and more local communities looked to the state to help them.

"The state met this emergency in practically every instance. The appropriation for medicinal preparations was materially increased. The amount of drugs distributed to communities and to private practitioners caring for indigent patients was greatly increased. Silver salvarsan was added to the comprehensive list of drugs already distributed for special cases. Clinic service was extended in a few cities that had been obliged to curtail their activities and in other cities it was supplemented where the service was inadequate, by means of special funds which made it possible to pay a nominal honorarium to clinicians.

"The number of cases of both syphilis and gonorrhea cleared through the central state office increased materially over all previous years. The advantage in referring cases here is, that they are definitely followed up, and where treatment is required it is provided. Local problems such as the responsibility for treatment of indigent patients, the employment of infected people, and local controversies between different governmental agencies are sent to this office for amicable adjustment.

"The placing of responsibilities for Division activity upon District State Health Officers was continued. Consultant nurses had for a major objective the development of a comprehensive social hygiene program in the generalized nursing program of every county. Their activities were directed in general toward: (a) surveying the local nursing service in counties and local communities; (b) assisting the district state health officer in formulating a practical nursing program for each county; (c) cooperating with the district state nurse in training county and local nurses under her supervision in the technic and procedure of public health nursing in the social hygiene field; and (d) supervising the nursing service and social follow-up work of clinics. This instruction of local nurses will greatly facilitate the epidemiological work on a state-wide basis.

"The educational activities which were decentralized the previous year were continued effectively under the new plan. The major emphasis was placed on health teaching regarding syphilis and gonorrhea rather than on sex character education, which does not lend itself to concrete results in a short period of time. The urgency of getting demonstrable effects made such a change desir-

able at this time. A considerable amount of work has been done in instructing the young men in C.C.C. Camps. This is one of the most fertile fields for preventive information. The fifteen-year post-war period has given abundant evidence of the value of similar instruction of young enlisted men during their intensive military training. The new generation of today is entitled to such information as a prophylactic health measure."

New York—Buffalo Social Hygiene Committee.—"The Council of Social Agencies in Buffalo has created a social hygiene committee, of which Dr. Marvin Israel is chairman. Dr. Israel has been doing some very effective social hygiene speaking in that city.

"For 1934 and 1935, the committee planned a general educational program. Dr. Walter Clarke of the American Social Hygiene Association, spoke at a meeting of the large committee of sixty on community planning for social hygiene; Dr. John H. Stokes spoke at a meeting under the joint auspices of the Erie County Medical Society, the Academy of Medicine and the Council of Social Agencies, to over 700 people, including many of the leading physicians of the city. In December a meeting was held on the medical resources in the state, county and city, for the treatment of syphilis and gonorrhea. In 1935 meetings have already been planned on the protective aspects of social hygiene, and on the educational aspects. An institute on family relations is also under consideration.

"There is a large committee of sixty, with a smaller steering committee. Members of the latter committee, in addition to the chairman, are: Rev. Michael Biniszkiewicz; Rev. Earl F. Adams; Dr. James H. Borrell; Dr. Edward Durney; Miss Katherine Lynch; Miss Helen M. Olmstead; Robert W. Osborn; Mrs. Richard Noye; Eugene Warner and Paul L. Benjamin."

New York—Social Hygiene Committee of the New York Tuberculosis and Health Association, New York City.—"The Social Hygiene Committee has sponsored the following projects during 1934:

COMMUNITY ORGANIZATION

"A Social Hygiene Council for Greater New York has been organized to coordinate all social hygiene activities into a more forceful and effective unit in the community. The Secretary of the Social Hygiene Committee (Jacob A. Goldberg) has been the organizer and serves as its secretary. The Council is sponsoring an Annual Regional Conference on Social Hygiene. This is a one-day affair, in January 1934, sponsored by 17 official and voluntary local groups and attended by 700 people.

MEDICAL ACTIVITIES

"*Reporting:* A study of vaginitis cases from the records of Bellevue Hospital showed that reporting to the Department of Health of such cases was quite incomplete. The Director of the Division of Preventable Diseases has promised to correct the situation at

the earliest possible moment. Following this study a plan was developed with the Bureau of Preventable Diseases to make a study of general reporting procedures. A careful check-up study of all cases reported from various institutions in the City was initiated in October and will be continued until the end of the year. After January 1, comparison will be made in given institutions to determine whether all cases were reported, and also what percentage of cases listed as syphilis and reported to the Department of Health are duplications through repeated blood samples sent for diagnosis.

"Districting of Venereal Patients: A study has been made of the geographical distribution of 17,000 patients treated for syphilis in 28 institutions in Manhattan and the Bronx. The figures indicated a markedly unsatisfactory situation. The hospital superintendents have taken steps to improve conditions, so that treatment may be more regular and effective. The Hospital Conference of New York City, representing 72 hospitals, has requested the Secretary to prepare a map for the districting of venereal disease treatment.

"Venereal Disease Clinics: A major project completed during the past year has been the careful survey of medical, social and nursing procedures in 52 syphilis clinics in the City. This was made through the cooperation of Dr. Gladys L. Carr, a highly competent physician, and without cost to the Committee. The final report has already been put to practical use. Copies were sent to the chiefs of all syphilis clinics, and others interested. It is planned to follow the recommendations of the study. A summary was published in the Journal of Social Hygiene, and reprints have been widely distributed. A Syphilis Clinic Sub-committee has served the Association for some years. This Committee as it has been reorganized will study the survey and begin work on standards for syphilis clinics in New York City. A list has been made of all syphilis clinics, including hours, fees, and other facts of interest to prospective patients, and has been widely distributed in all Health Department Stations and other appropriate places.

"During November a survey was initiated of male and female gonorrhea clinics. It is planned to complete this similarly to the syphilis clinic survey described. Lists of gonorrhea and vaginitis clinics also have been completed and distributed to the public.

"A detailed plan has been drawn up for the purpose of recommending to the New York City Health Commissioner an adequate plan for dealing with the venereal disease problems in health centers.

"Prevention and Control of Congenital Syphilis: A study was completed of the treatment of syphilis in pregnancy as related to the prevention of congenital syphilis. This study included active or recent cases in seven large hospitals, and 653 prenatal cases carried through delivery. A very unsatisfactory situation was discovered. The Secretary presented the findings before the New York County Medical Society, and future action is under consideration. The incidence of syphilis in pregnancy in 28 hospitals ranged from less than 1 to as high as 19 per cent.

"Further Cooperation with the City Health Department: The Secretary of the Social Hygiene Committee is a member of the

Health Department Committee on Prophylactics, the purpose of which is to standardize and control the sale of prophylactics through legitimate channels.

"Quackery: In cooperation with the American Social Hygiene Association, efforts have been made to control quackery in the City. During 1933, 14 non-licensed practitioners were arrested and sentenced. As soon as additional investigators become available, the matter will be given further attention.

"Free Arsphenamines: On the basis of data gathered in a series of studies, a memorandum was presented to the Committee on Public Health Relations of the New York Academy of Medicine dealing with the possibility of free distribution of arsphenamines to clinics and private physicians in the City for free treatment of indigents with syphilis.

"Symposiums for Physicians: Through the Social Hygiene Committee two bi-annual symposiums for physicians have been arranged, one on syphilis and one on gonorrhea. These are in cooperation with New York University and Bellevue Hospital Medical College. The first meetings of this type in 1933 were extremely well attended. Dr. Howard Fox and Dr. Alfred T. Osgood respectively assisted the Secretary in organizing the syphilis and gonorrhea symposiums.

"Cooperation with the State Division of Social Hygiene: Mr. Herbert Cummings of the State Division of Social Hygiene, in charge of the educational program of the Division has been in touch with the Secretary to work out a plan for the gathering of data throughout the State from medical social workers, relating to venereal disease problems with which they are faced, which should be discussed at the State Conference of Social Work next fall.

EDUCATIONAL ACTIVITIES

"Instruction on venereal disease problems among industrial employees has been given to industrial nurses. Courses have been held for nurses employed in venereal clinics, and others are planned.

"Following a survey in New York City of lapses in sex-character education both in public and private schools, a similar study was completed of school systems throughout the United States. The purpose of the out-of-town study is to bring to the attention of educators in the City the procedures followed elsewhere, to help them map out a practical course for New York City. It is expected that the Social Hygiene Committee will invite educators to serve on a sub-committee as soon as this data is prepared for use.

RESEARCHES IN SYPHILIS AND GONORRHEA

"Syphilis and Heart Disease: Under Dr. Edwin P. Maynard, Jr., Chairman, a Joint Committee for a study of this subject has been organized, the Social Hygiene Committee executive as Secretary. A five-year study in several hospitals is planned to determine among other things the relation of syphilis to heart disease.

"Study of 1400 Cases of Sex Violation: The Committee's Secretary has just completed a study of the court records of 1,400 cases of sex violation in order to determine what type of sex education,

as well as protective measures, might be utilized to help protect young girls from involvement in such affairs. The report is shortly to be published.

"Syphilis among Negroes: In cooperation with the Urban League, the incidence of syphilis has been studied among Negroes who apply to the Employment Division of the League. All have been given a careful physical examination, including a Wassermann test. The incidence of syphilis has been found to be high.

"Syphilis and Eye Disease: A plan has been completed to study the relation of syphilis to eye disabilities in New York City eye clinics. The National Society for the Prevention of Blindness will assist. Literature on the subject has already been surveyed. The new sub-committee on Study of Syphilis and Eye Diseases has held its first meeting and hopes to complete the study during 1935.

"Syphilis and Tuberculosis: At the suggestion of the Secretary, the Tuberculosis Division of the Department of Health will initiate a Wassermann test on all adult new patients coming to two tuberculosis clinics under its direction. The purpose is to try out this procedure to determine administrative problems and if thought desirable, extend the practice to all other tuberculosis clinics. The Committee is working on a plan to institute a similar practice in clinics under Department of Hospitals jurisdiction, and also in private hospitals.

New York—State Committee on Tuberculosis and Public Health of the State Charities Aid Association.—"In our report for 1933 we stated, 'Once a sufficient cross-section of leaders and groups has been convinced of the urgency and imminence of social hygiene problems, the impetus of the movement grows with surprising rapidity. It is a well-known principle in community organization that both individuals and groups tend to gather courage and grow articulate when they feel themselves to be moving forward with a cause which has gained popular approval. This accomplished, obstructions melt away.' The success which has attended the work in most of our Social Hygiene Committees has convinced us more than ever of the truth of that statement. The wide experience of our State and local associations in community health work has given them proven and accepted methods which are readily applicable to the field of social hygiene. The guidance of the American Social Hygiene Association and the State Department of Health have been valuable in establishing the work on a sound basis.

"Ten local tuberculosis and health associations have created sub-committees on social hygiene which already show a healthy growth, and as many more are ready to launch similar educational programs.

"We take pleasure in stating some of the high-lights of local programs:

"Monroe County: In Rochester, the Tuberculosis and Health and the County Medical Societies have cooperated in a joint program. They have worked for an extension of Rochester's excellent syphilis treatment facilities to the rural areas. In February, 1934, a conference was called on the problem, and with the assistance of the District

State Health Officer and the District Social Hygiene Nurse, provision for treatment and follow-up in these areas was outlined. A series of lectures on syphilis and gonorrhea was arranged for physicians under the auspices of the Academy of Medicine. Two additional well attended meetings heard Dr. Joseph Earle Moore of Johns Hopkins speak on *The Wassermann-fast Patient*.

"Syracuse: In the fall of 1934, the Onondaga Health Association formed an active Sub-committee on Social Hygiene Education, composed of 60 representatives of the medical profession and the lay public, with Mr. Henry Phillips as Chairman. 'This entrance upon a social hygiene program is one of the most important steps ever undertaken by the Onondaga Association,' said its President. 'Social hygiene problems are among the most serious confronting modern life, and probably constitute the foremost challenge in the entire public health field.' Several meetings have already been arranged by the Sub-committee, at which authorities in the field have spoken. Excellent publicity was received for these meetings in the Syracuse papers, and the word 'syphilis' was printed without editorial objection. Dr. Eugene L. Swan was one of the speakers on social hygiene. In November, Dr. William F. Snow, General Director of the national association, met with the Board of Directors and advised them on the conduct of the Sub-committee's program, the functions of which, as outlined by its Secretary, are: (1) Popular education; (2) Fact finding; and (3) Community planning.

"Niagara County: The Sub-committee on Social Hygiene of the Niagara County Health Association has now become a seasoned group. Its Chairman, Dr. E. H. Harding, is an executive of a firm which has protected its employees and itself by including suitable tests for syphilis and gonorrhea in its routine physical examinations. The Committee held an educational exhibit at the County Fair, and arranged several meetings, addressed by prominent authorities on various phases of social hygiene. In November a series of three meetings were attended by 250 persons, with Dr. Moore as speaker. Definitely improved treatment facilities and social conditions are resulting from the activities of this Sub-committee.

"Schenectady: This Committee sponsored at least four meetings during the year, with distinguished speakers on the subject of social hygiene. Among these were Dr. Albert Pfeiffer of the State Department of Health, Dr. Moore of Johns Hopkins, Dr. Eugene Swan, Mr. Pilsbury, Superintendent of Schools, Mrs. Marion Simonson of the State Committee, and others.

"Westchester County: The annual meeting in April of our Westchester Tuberculosis and Public Health Association was devoted to a discussion of syphilis control. The formation of a committee and an educational program is under consideration.

"Oneida: The Oneida County Council on Tuberculosis and Public Health formed a Sub-committee on Social Hygiene in April. An active educational program is being planned for 1935.

"Newburgh: The Sub-committee in Newburgh has been meeting regularly and studying social hygiene. It is composed largely of social workers, teachers and public health workers.

"Local Tuberculosis and Public Health Associations in Allegany and Herkimer Counties have also created sub-committees, but so far have had only one meeting, at which aspects of the program were discussed by Mrs. Simonson. They expect to have accomplishments to report for 1935.

"Statewide Educational Efforts: Dr. John H. Stokes of the University of Pennsylvania spoke at a luncheon session of the State Committee's annual meeting in New York City in May. The afternoon following was devoted to a panel discussion of moot questions in social hygiene. The participants were Dr. Parran as Chairman, and Drs. Stokes, Pfeiffer, Snow, Farmer, Davenport, Kosmae, Miss Blaisdell and Mrs. Simonson as discussants. Many inquiries were received on the technique for setting up this type of meeting.

"Social hygiene exhibits were displayed at 13 State and local meetings. Together with the State Department of Health the Committee helped to plan the 1934 social hygiene sessions of the State Conference of Social Work, and will plan a long-time program for future conferences.

"Leaflets and other literature of the American Social Hygiene Association were distributed. Four articles and eight newspaper stories have been published. The field worker gave 24 talks on social hygiene, and joined in many conferences. As a sponsoring agency the State Committee assisted in the Annual Regional Conference in New York City in January, 1934, and in several instances has cooperated in the Social Hygiene program of the State Federation of Women's Clubs."

New York—Yonkers Tuberculosis and Health Association, Social Hygiene Committee.—"The Yonkers Social Hygiene Committee, organized in 1933, has been very active in arousing interest in the control of syphilis among the following influential groups of the city: 1. Churches—Ten lectures were held for pastors, church workers, and Sunday school teachers. Prominent specialists on various phases of social hygiene addressed these meetings; 2. Parent-Teacher Associations—Nine meetings were held with local parent-teacher associations and two city-wide parent-teacher council meetings were also devoted to social hygiene; 3. Teachers—A one-day institute was held to stimulate interest among teachers, especially in the sex-character education of their pupils. As the result of this institute one school is considering a special project in this phase of social hygiene; 4. Public Library—The Public Library was induced to purchase two sets of books on social hygiene and to encourage reading of these volumes, and also to distribute a large quantity of social hygiene literature which was supplied by the Committee; 5. Young Women's Christian Association—A series of talks to girls was conducted by the committee.

"The Social Hygiene Committee is also building up a local speaker's bureau. When completed this will offer speakers who are specialists on family relations, nursing, medical practice, public health, and psychiatry."

North Carolina, State Board of Health, Raleigh.—"There are 48 public venereal disease clinics operating in North Carolina; 10 of these are in State institutions, and 5 in hospitals; the others are operated by county and city health departments. These clinics are operated without charge or at a very nominal fee. The charges, at most, do not exceed one dollar per treatment. During the past year anti-syphilitic drugs, namely, neoarsphenamine and bismuth tartrate solution have been furnished for the treatment of indigents.

"Generally speaking, the press of this State is very cooperative in publishing information regarding the so-called 'social diseases,' which we speak of as 'gonorrhea' and 'syphilis,' and which appear as such in our print.

"I might also inform you that our local broadcasting station, WPTF, which is part of a national chain, is not squeamish about correct terms used in presenting talks through its facilities."

North Dakota—Department of Public Health, Bismarck.—"As stated last year, there was nothing allowed in 1934 for communicable disease control, but the State Health Officer has kept physicians reporting and has kept the framework of the program alive. However, there has been no time for investigations or field work except by letter, and even correspondence has been cut to a minimum because of lack of personnel. We have noticed in the last six months of 1934 that we had an increase of 10 per cent in cases reported, over the previous period in 1933. Laboratory service to the Transient Bureau and Indian Service has increased the volume of laboratory work considerably, but we have tried to do everything we could to keep the program going. We have exhausted our supply of literature and will have to wait until July 1 before we can have any printing done. Legislature is in session at the present time and of course what we do after July 1 will depend on what they do for us."

Ohio—State Department of Health—Columbus.—"There is no Division of Social Hygiene in the Ohio Department of Health. Free arsenicals are distributed to physicians for treating indigent syphilitics upon requisition by local health commissioners. There were 46 venereal clinics operating in 25 cities in 1933; these, too, were supplied with arsenicals by this Department. The clinics report a total of 61,312 arsenical and 135,663 mercurial treatments for syphilis; 61,305 treatments for gonorrhea; and 891 for chancre. Physicians in 57 counties were supplied with 4,914.70 gms. of arsenicals. Literature on venereal diseases is distributed from this office."

Ohio—Cincinnati Social Hygiene Society.—"Reviewing the Society's work for the past year one cannot help being impressed with the growing interest in sex education and other phases of the social hygiene program. No better proof of this is needed than the calls which come to the Society for its services. Two lecturers this year gave the astounding number of 346 lectures with an attendance of 20,873, and we wonder how we can meet the demands in future years without additional help. Parent Teacher Associations,

boys and girls in the high schools, university students, church and religious groups, social agencies, and nursing associations, were among the types of audiences reached, with single lectures and series of lectures. Many calls had to be refused for the lack of personnel.

"Each year there is a growth in the number of boys and girls, and men and women who seek as individuals the help of our Society in matters related to sex. Both professional and lay persons called upon us for advice and for direction for social hygiene reading. We continued to serve as consultants on sex problems for the Juvenile Court, and in the same capacity for the Board of Education. The marriage consultation service has developed slowly and thoroughly, without publicity. Such problems take considerable time to adjust and we are satisfied not to try to attempt more than we can do with some degree of adequacy.

"Syphilis and gonococcal infections present a public health problem of first rank in the City. This Society has sought for years to assist the proper authorities in dealing with these diseases. The Executive Secretary gives some of his time to the Syphilis and Gonorrhea Clinic for Children at the Health Center. This Clinic handles cases of infected children from the public and parochial schools, from the Children's Home and Child Caring Institutions, and the Juvenile Court. The clinic is considered to give very effective service. In like manner the Secretary serves as chief clinician for juvenile girls at St. Mary's under the Board of Health. Besides actual clinical service the Society helps in popular health education and in education of technical groups in the problems of syphilis and gonorrhea.

"The control of venereal disease is intimately bound up with prostitution. Since its beginning 17 years ago the Society has had a cooperating relationship with the police courts and safety department in dealing with prostitution. Our Society has been interested in seeing that the police, courts, the Board of Health and clinics for the treatment of venereal diseases all functioned according to the powers granted them by law. For a number of years our Society had workers in court to assist the judges and clinics in dealing adequately and humanly with prostitutes. These workers have since been replaced by others who are under the direction of the police court. We have continued to keep a check on prostitution and have consulted with city authorities, frequently furnishing information on new developments in other cities and the best ways known of dealing with this legal-medical-social problem. We have reason to believe that prostitution is being dealt with satisfactorily in Cincinnati as compared with other places. This belief is based upon an actual survey by qualified authorities. These better conditions are the result of vigilance on the part of our Society and others interested in social hygiene, as well as the cooperation of the city and county officials who are dealing with this problem.

"Our newspapers are not as free in printing social hygiene news as in certain other cities, that is, if it is merely educational and

not sensational. However, we secured 64 publicity items in 149 inches of reading matter during the year. In our library we are gradually replacing old, out-moded books with new and standard texts. The new book by our Associate Educational Director, Mrs. Frances B. Strain, *New Patterns in Sex Teachings*, has been well received everywhere."

Ohio—Cleveland Social Hygiene Association.—"At a public meeting in June, at the time of the American Medical Association meeting, Dr. Clarke of the national staff conferred with local groups concerning social hygiene conditions existing in Cleveland and what might be done about them. In cooperation with the Cleveland Health and Parent Education Association and the Council of Parents and Teachers of Cleveland Heights and East Cleveland two visits, totalling nearly three weeks, were arranged for Mrs. Margaret Wells Wood. A large section of the public as represented in these groups was reached through the talks, addresses and conferences given in these programs. During 1935 the same groups plan to continue social hygiene educational work as feasible. In February 1935 Mrs. Wood will address a group of private schools on the subject of sex education. On account of lack of funds, it is not likely that the Cleveland Social Hygiene Association will be able to resume a community-wide program this year."

Ohio—Toledo Social Hygiene Council.—"The Toledo Social Hygiene Council was reorganized last spring. This reorganization was the result of work by a number of different people. For two years or more past the Social Service Department of the Toledo Council of Churches has been holding conferences with the various city administrations and studying somewhat the vice situation in Toledo. This work naturally drew to it the interest of men and women who had given themselves to a social hygiene program in the past, and out of this came the reorganization mentioned.

"Mrs. H. P. Strater has been speaking constantly before P.T.A. groups, churches, school groups, and Y.M.C.A. and Y.W.C.A. gatherings on sex education. Mrs. Eva Epstein Shaw and Mr. Asher Cupp have persistently kept at the conferences with the local officials concerning law enforcement and matters have advanced to the stage at which the Safety Director has at least publicly talked about using the injunction and abatement law, although the law has not actually been used yet; but it is the first time a public official has gone even this far. As you know, we had the special study made in March of last year and that study has given a factual basis from which to make the approach to various officials. Beginning in September, the publicity committee secured space in the editorial pages of the Toledo Blade and the Toledo News-Bee, and six or eight articles written by well-known men and women in Toledo were run weekly in both of these papers. We hope to have another such series soon after the first of the year. The education committee is gathering material to make possible a kind of handbook but has nothing yet in a tangible form. The least done perhaps has been on the medical side. The work of the

Council has been entirely volunteer, funds have been limited, but the organization is in good shape and will continue to do an active piece of work."

Oklahoma—State Department of Public Health, Oklahoma City.—"We have a State Laboratory making Wassermann tests for all doctors throughout the state. Not only that but we furnish free drugs for syphilis to every doctor that will administer treatment to the indigent. We think our system is most effective as we are getting some wonderful results. We have one nurse carrying on two-weeks courses in high schools, dealing with social hygiene. During the past year she has instructed nearly 4,000 high school girls. We also send out pamphlets on venereal diseases and sex education. The State Commissioner frequently makes talks on this subject to various groups."

Oklahoma.—While the Oklahoma City Social Hygiene Committee did not function actively during the year, a full day's social hygiene program was arranged by the Parent-Teacher Council, with Dr. Valeria H. Parker of the national staff as the featured speaker. As a result of this event, a request for further work has been made. A good deal of work was also accomplished directly with Oklahoma members of the national Association, and through other field work by Dr. Parker during the course of the community organization project to which she was assigned in Houston, Texas, during 1934. She addressed the first State Conference of Social Work held in Oklahoma, at Tulsa. A request has been made by Tulsa groups for assistance in organizing a social hygiene institute. At the summer school of the Home Economics Department, State Teachers College, at Stillwater, a post-graduate course in social hygiene, of a week's duration, was given. At Chickasha, Dr. Parker addressed the opening session of the State Child Welfare Conference.

Oregon—State Board of Health, Portland.—"The Board of Health has not taken any new action in regard to venereal diseases in the past two years. Owing to a reduced budget we have been forced to limit our activities considerably.

"The city health department of Portland is cooperating at the present time in employing a physician at the police station to make examinations of prostitutes arrested in the city of Portland. The Oregon Social Hygiene Society has been active in the past two years in carrying on social hygiene education in this state. The Board of Health at the same time circulates literature to different parts of the state. Many of the health officers are taking an active interest in preventing the spread of syphilis and gonorrhea. The social hygiene needs in the state are not being met as we would like to have them, however, the Oregon Social Hygiene Society is doing the best it can with limited funds. Without financial support we will be unable to improve the conditions very much. Our plans for 1935 call for an increased appropriation in this work and I trust that if we secure funds this work can be carried on in a much more effective manner."

Oregon—Oregon Social Hygiene Society, Portland.—"The statistical record shows a decline in both the budget and the membership up to this year, but there has been a continued gradual increase in lectures given and attendance, books loaned, and interviews held. If I could enumerate the friends of the Society, a decided increase would be reported. This is indicated by the great demand for various services. Through the generosity of certain local firms 20,000 new library lists were procured and distributed. Our motion picture films although old are still being used with profit both to parents and school children. Twice during the year exhibits were placed in vacant downtown stores. The Dresden Health Exhibit from Germany is now being shown in California and will reach Portland in February. With this we will show an effective exhibit of our own work.

"Our objective, to have social hygiene taught in the schools, will some time become a reality, but not for some years. School boards have become interested and are paying for lecture services directly out of school funds. All agencies seem to be awakening to the need for right instruction. A week spent at the State Training School for Boys proved interesting, and resulted in many interviews. One of the most thorough campaigns of the year was held at Vernonia, with 475 adults attending the meetings. Talks were given and films shown to all school classes beyond the fifth grade. Churches and schools cooperated. Books could be written from the memoranda of these visits, and especially from those of the seven institutes, where programs were conducted last summer. At this, the third year at Falls City, the classes were larger than ever. Training classes have been held for play leaders with a large attendance, and it is felt they have resulted in raising the level of social life in many churches and communities, thus giving interesting and wholesome social recreation to their members. Our office has become quite a center for social programs and suggestions.

"Family and life adjustment is an important part of our program. The cases coming for help along these lines are more numerous because of former contacts, and the recommendations of those who have come to us before.

"The Society in 1935 will oppose the attempt to repeal the 'Notice to marry' law, and will promote the passage of a venereal disease control law similar to New Jersey's, a bill to govern the sale, advertising, and quality standards of contraceptives, and a bill requiring the examination before marriage of women as well as men, and both for hereditary feeble-mindedness and insanity."

Pennsylvania—State Department of Health, Harrisburg.—"During 1934 an outstanding activity in venereal disease control work was the location of sources of infection among the boys in the C.C.C. Camps. At the request of this Division the Commanding General of the Third Corps Area directed that the surgeon of the camp report direct to this office the name and address of each boy who was discharged to his home on account of having contracted gonorrhea or syphilis. In those instances where the boy named the suspected source of his infection, the Department made contact

with the person named and endeavored to have an examination made to determine whether or not the person had a disease. The result of this work was encouraging in that we seldom failed in our effort to have the suspected person examined after the subject was properly presented to her. The excellent nursing service of the Department of Health was used to great advantage in this type of work. Recently the Army has been sending infected boys to various hospitals where they are held and treated for varying lengths of time. After the acute symptoms have subsided the boys are discharged to their homes. When they leave the hospital and return home this office is notified so that contact may be made with them and treatment continued if it is necessary.

"The Houses of the Good Shepherd and the several county quarantine stations have continued to perform the same splendid practical work in caring for persons who are to a marked degree menacing the public health. On account of lack of funds, these institutions have been 'hard put' to care for the large number of patients who are eligible for this kind of institutional care. However, they have cooperated to the full extent of their resources and it is gratifying to report that the service has not been curtailed. The Department of Health, as formerly, has continued to furnish the necessary supplies and to some extent the nursing service in the treatment of these quarantined patients.

"The private practitioner of medicine in this State has continued to perform admirable service for the relief of indigent syphilitics who, for one reason or another, have not been able to attend an established clinic. The service has expanded considerably during the past year due probably to the financial situation. This service is freely given by the doctor without cost to anybody, in practically all cases. The Department of Health furnishes the drugs. Patients of this character are brought to the physicians through the State Nursing Service or other interested welfare workers who are employed by private agencies.

"The Department has been forced to discontinue the salary of the lecturer who served for a period of thirteen years. However, the quality of his work together with the necessity for this type of service was so great that he continued his lecture service among the high schools in practically the same degree as in former years, the school districts themselves meeting the expense of the lectures.

"The sixty-seven clinics operated by the Department have continued to function as formerly.

"It is not possible to make any plans for the year 1935 on account of force of circumstances. Purely from the standpoint of lowering the morbidity in the case of syphilis, it is strongly felt that a drive on this disease by concentrated efforts on cases of less than one year's duration would be an effort worth while. In addition to a possibly larger use of clinics including both those operated by the State and by hospitals, a plan might be adopted similar to the Delaware plan, whereby physicians treating indigents are remunerated by the State Board.

"By furnishing certain hospital clinics with part of their

arsphenamine supply; by making it possible to ask the physician to treat patients adequately through the early stages of infection; by employing the available machinery to instruct, induce and where needed to coerce patients to receive the necessary treatment; by using all these methods concentrated on syphilis alone, and especially syphilis of one year's standing, it is felt that the very limited resources possessed by the Pennsylvania Department of Health could accomplish much in the control of the disease that is overwhelmingly the most serious of the diseases that are misnamed venereal.

"In the matter of venereal disease control the Department during the past year has worked in accordance with the same plan that has been in force during the past fifteen years with what it is believed has been greater success than at any other time. This probably has been due to the necessities occasioned by the general economic condition, the Department being given an opportunity to perform a service which was not called for in the years of prosperity."

Pennsylvania—Social Hygiene Committee of the Pennsylvania Conference on Social Welfare.—"A meeting and round table discussion of social hygiene interests in the State were held by the State Committee in February, 1934, in connection with the Pennsylvania Conference on Social Welfare at Lancaster. Similar groups will meet in Pittsburgh at the 1935 Conference."

Pennsylvania—Erie Social Hygiene Association.—"The outstanding social hygiene activity in Erie during 1934, has been the work accomplished at the State Genito-Urinary Clinic, which is aided financially by Erie Social Hygiene Association. Case-finding for the clinic and social case work are also features of our cooperative program. Although clinic facilities are available only four hours each week, and its regular staff consists of but two physicians, three nurses and one clerk, the official report states that the lowest number of visits in one month was 793, while the highest was 1,043, with a total of 9,525 visits during the year. The total number of new admissions was 946. A feature of the work has been the large number of syphilitic expectant mothers attracted to the clinic, and children under 12 years receiving treatment for gonorrhea.

"The public health work in other diseases is excellent in this area, but the only agencies carrying on a campaign against the venereal diseases are the State G-U Clinic and our Association. We have been somewhat successful in having the medical reports published in the local newspapers, (being a Community Chest agency) despite the aversion of the editors to the terms 'syphilis' and 'gonorrhea.'

"Apparently there has been no increase in commercial prostitution though the police authorities abolished the vice squad several months ago. A number of women (colored) formerly known as keepers of disorderly houses have been and still are supported by public charity. An interesting situation was created when the Liquor Dealers Association sought the cooperation of the Committee of Sixteen (which is still functioning effectively) in pre-

venting the illegal sale of liquor, and keeping local beer parlors 'respectable.' The Committee cooperated.

"During 1934, increased interest in safeguarding youth and preventing delinquency was promoted. Responsible citizens in larger numbers responded to efforts of the National Recreation Association and other leaders. Erie has had a revival of activities in behalf of boys and girls due to reorganization of the Boy Scouts, and through providing professional leadership for the Girl Scouts and admission to the Community Chest. Social hygiene education has not as yet found a place in the programs of all of the character-building agencies. The Y.M.C.A., however, has continued to promote social hygiene teaching. Social case work being part of the Erie Association's program, we cared for 327 girls classified as sexually delinquent, unmarried mothers, and preventive. Of these, 132 were new cases.

"While no social hygiene institutes have been held during the year nor outstanding lecturers on this subject provided, the demand throughout City and County for books, pamphlets and public health material has greatly increased. More study groups have been formed and greater interest sustained than in any previous year. The educational work of the great Dr. Galloway, Dr. Valeria Parker, Dr. Edith H. Swift, Dr. Eugene Swan, Mrs. Margaret Wells Wood, continues to bear fruit. The leaders of various study groups are persons who have had the privilege of attending the institute conducted by those experts in more prosperous days. Among Erie's large population of foreign-born the desire was created last summer for social hygiene instruction. As a result the film 'The Gift of Life' was shown for a period of 10 days during extremely torrid weather. The Erie County Health and Tuberculosis Association and the International Institute cooperated with us in this undertaking. No serious attempt has been made to provide training for marriage and parenthood but this project may be developed with the cooperation of the clergy in the near future.

"The social hygiene situation is excellent in this locality, though we are not satisfied with the progress made. The foundations of the movement in Erie were well laid, years ago, and each year more and more thinking people see valid reasons for endorsing it. The Parent-Teacher Associations (City and County) have accepted social hygiene in all of its phases in a matter of fact way, as necessary to good citizenship. Thiel College, Greenville, Pa., held a three-day institute (its first) on Parenthood and Home Relations in November, which was attended by about 500 persons from different parts of the State. Erie sent a large delegation. The College will offer a course in parent education during the college year 1935-36. The Erie Association took part in the program of State Conference on Social Welfare at Lancaster last February. Dr. Valeria Parker of the national association was a speaker at the Annual Meeting of this Association. In connection with that occasion the film 'Damaged Lives' was shown at a local theatre, and it is still spoken of with appreciation.

"No change from last year in the character of demands for

service by voluntary or official agencies has been noted, but demands for medical service and for social hygiene educational programs have increased. We have been astonished at the apparent reduction in the number of unmarried mothers and sexual delinquents. There has been an increase in the number of persons of both sexes seeking personal advice at our headquarters. Separation of couples and disorganization of families caused by economic conditions have been responsible for the demand for this type of service.

"Financial support for the past two years has been inadequate. The program has been carried along in the community without acceleration from this Association. We doubt, however, that such a situation can be continued for a much longer period. No social hygiene group can afford to stagnate. It must not only move with the procession, but lead other proponents of social welfare. The Association's plans for 1935 will depend upon income, and possible changes in the official program of venereal disease control in Pennsylvania."

Pennsylvania—Luzerne County Social Hygiene Society, Wilkes-Barre.—"Facts concerning the work in 1934 have been tabulated, as follows:

Number of girls in the Detention Ward, Jan. 1, 1934.....	7
Number of girls admitted during the year.....	164
	171
Total number of girls cared for during the year.....	382
Average number cared for each month.....	32
Number of girls discharged during the year.....	149
Number of girls sent to Pennsylvania institutions.....	29
Number of girls released in care of parents, relatives guardians, big sisters and on their own honor.....	120

Medical Report

	<i>Syphilis</i>	<i>Gonorrhea</i>	<i>Chancroid</i>	<i>Other Diagnosis</i>	<i>Total</i>
Women	22	48	1	93	164
Men.	71	18	0	1675	1764

Educational Program

"Nine social hygiene lectures were given with an attendance of 837. The groups reached included the Nanticoke State Hospital Training School, Pittston Hospital Training School, Wilkes-Barre General Hospital Training School, Wilkes-Barre Mercy Hospital Training School, Misericordia College, and a radio address during the Community Welfare Campaign. A class of ten student nurses from Nesbitt Memorial Hospital, Kingston, were trained in venereal disease clinic technique.

"Home visits made numbered 656, and conferences, 1,520."

Pennsylvania—Philadelphia Yearly Meeting of Friends.—"We can report only that literature on sex education and training for marriage and parenthood was distributed from our literature table at the Friends General Conference held at Cape May in July, 1934. We see little change in the work or the need of the work but

recognize that social hygiene needs are not being met adequately. We have no definite plans for 1935."

Rhode Island—State Board of Health, Providence.—"Social hygiene activities have continued in Rhode Island without much change. Limited funds have been a handicap but the main points of our program have been carried out during the past year. These are as follows:

- "1. Popular health education concerning syphilis and gonorrhea.
- "2. Law enforcement against commercialized prostitution.
- "3. Prevention of delinquency in treatment of syphilis and gonorrhea.
- "4. Furnishing of neocarsphenamine and bismuth to clinics and to physicians in rural areas for free treatment of indigent patients.

"Our financial situation prevents our planning activities, other than those given, for 1935. It is expected that the work can be continued along these lines without interruption."

South Dakota—State Board of Health, Pierre.—"We have been handicapped because of lack of funds, hence, our social hygiene activities have been limited. We have furnished from our State Board of Health, anti-syphilitic remedies and are endeavoring to get the treatment donated by the doctors in the communities where the cases exist. We have also furnished literature on venereal diseases and other social hygiene subjects. Our department has done nothing in the way of controlling or enforcing rules concerning commercialized prostitution, or much in the way of prevention of delinquency. We have no special program for health education concerning syphilis and gonorrhea except for the free distribution of literature of all kinds. Nothing is done in this State in the way of education and training for marriage and parenthood, or in family counseling.

"The only change in the character of demands for services, provided for by our Department, is that we have had to furnish more pamphlets on venereal diseases and social hygiene than ever before. We believe that this is due to the fact that people are asking for more literature on health during this time of depression. They have been educating themselves in order to keep well, since they have no funds to pay for doctor's fees. We have also furnished syphilitic remedies more frequently this year than ever before. Perhaps this is because people have so many idle hours due to lack of employment, and are less able to pay for medical relief for the diseases they have contracted.

"We do not feel that social hygiene needs are met adequately in this State, either by voluntary agencies or official agencies. As said before, finances are very inadequate. Even though we cannot have a Director of Social Hygiene, we should have at least a Director of Epidemiology who could do something along this line. The situation in our State is perhaps not as grave as it might be, as cities are small and our population is for the most part, rural."

Tennessee—State Department of Public Health, Nashville.—"A brief statement of our accomplishments for 1934, existing problems and plans for the future in Social Hygiene follows:

- a. *In medical and public health work in relation to the venereal diseases:* Treatment facilities have been provided in all counties having full-time health service (38 of the 95 counties). The medical officer in charge is qualified to administer modern approved methods of treating all cases of venereal diseases. Only cases treated are those referred by private physicians as being delinquent. A limited amount of treatment is provided for delinquents in counties not having full-time health service. Cooperating clinicians in some counties administer this service. This service has been reduced considerably because of budget reduction. Clinics are operated independently by State Health Department in four larger cities,—Memphis, Nashville, Knoxville, and Chattanooga. A venereal disease survey in penal institutions was conducted by State.
- b. *In law enforcement against commercialized prostitution,* there has been no statewide activity. A commercialized prostitution survey was made in Knoxville, Tennessee, by the American Social Hygiene Association.
- c. *In measures for prevention of delinquency:* Through the health education program an effort has been made to interest women's clubs and other local groups in a definite study of the causes and prevention of delinquency, with emphasis on local conditions. Programs have been made available by voluntary organizations working in cooperation with the State Department of Health.
- d. *In popular health education concerning syphilis and gonorrhea:* Literature was distributed to responsible authorities to be used in group instruction (sexes differentiated). Effects of this activity are questionable because of limited amount of work done. Literature is given to patients visiting venereal disease clinics. Specific lectures to selected groups have been given in some counties. This promises to be an effective method of instructing groups if properly conducted. As yet only three or four counties have had access to this type of instruction (primarily those within Norris Dam area).
- e. *In sex education and training for marriage and parenthood, and family counseling.* Workers in health education and venereal disease control have cooperated with parent-teacher associations and other local groups in presenting various problems of social hygiene to groups of parents and teachers and to high school students. This work was undertaken as an experiment and the response to it demonstrates the need for, and the value of the service. Increased demands for this type of service illustrate the importance of including a more definite program of social hygiene as one of the services of the department of health.

The better informed members of society are rapidly becoming more conscious of the needs for development of social hygiene service and increased demands for this type of work convince us that more time and funds must be assigned to this field of service. Social hygiene needs are being very inadequately met. The State Health Department is always anxious to cooperate with volunteer and official agencies in promoting this program, but as yet, due to financial limitations, the program is far from what we intend that it shall be some day.

"In 1935 we plan to exert every effort further to extend the activities referred to above and hope to be able to create in the State Department of Health a more efficient social hygiene service. Only the inadequacy of funds will prevent these developments being made."

Texas—State Department of Health, Austin.—"Texas is doing next to nothing in the line of social hygiene activities and so I am compelled to answer you in the negative on very phase of the subject. We are hoping to secure adequate financial support for a Division of Venereal Diseases when our legislature convenes at its next general session."

Texas—Houston Social Hygiene Association.—"A Committee was organized in February 1934 as a continuation of the Social Committee on the Protection of Girls, of the Houston Council of Social Agencies, with Dr. Valeria H. Parker of the American Social Hygiene Association staff as Acting Executive Secretary. A survey of vice conditions made in January showed flagrantly operating prostitution and street solicitation. In an effort to gather public opinion in support of the improvement of conditions, the Committee arranged during the year four institutes and presented social hygiene subjects before 200 audiences including church, civic, educational and cultural groups, and Negro and Mexican audiences. In December, a Regional Conference and Institute was held, nine state and regional agencies cooperating with the Houston Committee and the national Association in a three-day program. Two hundred persons registered for the institute course, and the total audience was more than 2,000. As a result of the widespread educational publicity, the city administration early in the year declared its support of the program, appointed a trained social worker, Miss Ann Carmichael, of Detroit, as policewoman, and is about to erect an adequate detention house with medical care for women prisoners, most of whom are now released with small fines. During 1934 the Committee's work was financed jointly by Houston contributions and the national Association. The Houston Community Chest has agreed to support the program for 1935, the Committee has become an Association, and Miss Sibyl L. Campbell, has been appointed as executive secretary. She will be especially concerned with protective case work, as more than one-half of the prostitutes operating in Houston are under 25 years of age, commencing their activities when of junior high school age.

"This is the first permanent program ever organized in Texas and represents the most outstanding community organization work of the year. Indications point to a widespread state interest as a result of Houston's effective program.

"In addition to Dr. Parker's work with the Houston Committee, she gave lectures in San Antonio, Austin, Fort Worth, Galveston, Freeport, Bay City, Waco, Texas City, and large and small communities in Texas concerning which brief reports are given below. Mr. Bascom Johnson also of the staff of the national Association visited Texas and participated in the Regional Conference program."

Austin.—"Dr. Parker addressed a luncheon meeting of the State Convention of the Texas Federation of Women's Clubs, took part in the organization meeting of the Texas Mental Hygiene Association, and conferred with the State Departments of Health, Child Welfare and Education."

Fort Worth.—"A three-day institute on social hygiene was arranged by St. Paul's Episcopal Church, and addresses were given before young people in an industrial settlement, and before the Lion's Club."

Galveston.—"Several one-day programs were arranged at different times through the year by the League of Women Voters, the Young Women's Christian Association, and the Recreation Committee. Lectures were also given to the girls in junior and senior high schools."

San Antonio.—"A local Committee, especially interested in law enforcement, is in process of organization. Dr. Parker made several trips to San Antonio during 1934 for purposes of consultation with this group and others, and during December spent several days there, giving a lecture series under the joint auspices of the Woman's Auxiliary to the Bexar County Medical Society and the San Antonio Board of Education. The program comprised six talks daily to junior and senior high school groups, including Negro schools, and a meeting for parents and teachers. Numerous conferences were also held during this engagement with representatives of various official and voluntary groups in the community."

Waco.—"A full day's series of lectures was arranged by a local public health group."

"Other engagements of similar nature were filled by Dr. Parker in Beaumont, Goose Creek, Huntsville, La Porte, Lufkin, Port Arthur, Rosenberg, and Sugar Land.

Vermont—Vermont Social Hygiene Council.—"At the direction of the Chairman, Dr. Charles F. Dalton, State Commissioner of Health, the Council, organized in 1932, but never functioning actively, was dissolved in October, 1934, and announcement to that effect was made in the October *Social Hygiene News*. A good deal of social hygiene work has gone on in the State during the year, nevertheless. Miss Jean B. Pinney of the national staff, who was stationed in Vermont during the summer, addressed various groups, and received many visits at her home in Morrisville from persons who were interested and desired information and literature. Two talks, one to the senior and one to the junior clubwomen, were given at the three-day annual meeting of the State Federation of Women's Clubs in Newport, in May, and an exhibit shown. During the summer Miss Pinney was a member of a speaking team which carried out a state-wide tour arranged by the Rural-Urban Committee of the Federation, and brought together in its audiences representatives of all the women's organizations in each county, the object being to secure joint program-planning for common needs. An exhibit was shown and various individual consultations given at the State Conference of Social Work in Burlington in October. Other conferences were with the Director of the State Emergency Relief Association, the State Director of Home Demonstration, the office of the State Commissioner of Education, and the Director of Fletcher Farms, an educational center in Proctorsville.

Vermont—Brattleboro Social Hygiene Committee.—"A report of our activities during the past year may be summarized, as follows:

1. *Legislative.* Very little accomplished beyond discussion of needs. Some proposals were offered for changes in the state laws regarding

physician's reports of venereal cases to health department, and for stricter surveillance of such cases. A motion to put the county medical association on record as approving our idea was not carried.

2. *Recreation.* The committee inaugurated our present program of community recreation by employing a FERA worker. The Brattleboro Bathing Beach, Inc., was formed from our personnel, and this corporation instituted the first swimming program in our community. It was highly successful and is ensured of continuance.

3. *Education.* Nothing accomplished beyond awakening the minds of the members to the need of some effective program."

Virginia—State Department of Health, Richmond.—"On July 1, 1932, the Bureau of Social Hygiene was combined with the Bureau of Epidemiology as there were no funds appropriated for the continuation of the Bureau of Social Hygiene. The same plan has been followed as previously, except the program of lectures has been discontinued. The Bureau of Epidemiology, in cooperation with Dr. Kenneth Maxey and Dr. D. C. Smith of the University of Virginia, is attempting this year to determine more accurately the distribution of syphilis in the State. This is being done by field studies and serological surveys of sample populations. We hope to continue this type of work during 1935. Through these studies, we hope to be able to obtain an appropriation for the control of venereal diseases in our next appropriation from the General Assembly."

Washington—State Department of Health, Seattle.—"Social hygiene in Washington stagnated in 1933 except for venereal disease control carried on by the health departments.

"The active social hygiene groups are adjuncts to something else. The Child Hygiene division of the State Department of Health does include some social hygiene. The Parent Teachers Association sponsored social hygiene in their parent education work, but completely ignored the venereal disease side. Some other groups have included social hygiene talks in their work.

"Washington people seem either to refuse to consider that there is such a thing as venereal disease or else are entirely satisfied with what the health departments are doing in its control. For instance, in spite of much publicity activity, the film *Damaged Lives* attracted but little attention.

All character-building activities have had to suffer that direct relief be given first consideration. In the meantime the unemployed reproduced. Twenty-two per cent of the births in Seattle (which contains one-fourth of the State's population), occurred in the county charity hospitals. Two per cent of these mothers were found to have syphilis. One in 86 deaths in the whole state were due to syphilis or its complications during 1932.

"In Seattle the number of divorces applied for in 1932 equalled 55 per cent of the number of marriages.

"Repeal of prohibition had a most profound effect upon social hygiene. In particular did this affect the young women. Without jobs, and with time on their hands, they found entertainment and unwholesome friendships in the beer parlors. The general condition in most of these closely resemble the waterfront dives seen in the sexy picture shows. These parlors boast an abbreviated orchestra, a prominent bar, and tables and booths about a small rough dance floor. Commonly they have a low ceiling, poor ventilation and a supervising matron who could easily be mistaken for the madam of a bawdy house.

"Washington doctors do report their venereal diseases cases. The public clinics energetically follow up lapsing cases. Sources of infection are routinely sought out among those attending the public clinics.

"Law enforcement regarding commercialized prostitution is not sufficient even to provoke graft. Only street walking seems to be paid any attention. The street walker who flourished earlier in the year is now gone.

"The only popular health education regarding venereal diseases, outside that given in colleges, is one weekly lecture in the W.E.R.A. vocational school. There is 'no worth while activity towards training for marriage going on outside of the colleges and then it is well emasculated and disguised in other studies.

"The Social Disease Committee of the Washington State Medical Association went rather deeply into the venereal disease problem during the past year. Their conclusions were that there is a slight increase in syphilis for 1933 and a marked increase in gonorrhea. They deduced that poverty does not necessarily breed venereal disease, but prosperity among the irresponsibles is more to be feared from a social hygiene angle. They found fewer of both delinquent and neglected children in times of economic stress and less syphilis.

"Their ten-year survey, covering about a hundred thousand Wassermanns for the past ten years, showed the peak of syphilitic infection to be in the years of prosperity, 1928 and 1929. These statistics were taken from various institutions where routine Wassermanns are the rule, such as private and public hospitals and various state institutions as the reformatory, penitentiary and mental hospitals."

West Virginia—State Department of Health, Bureau of Venereal Diseases, Charleston.—"We still have 25 venereal disease clinics operating in the state, including a clinic in the School for the Deaf and Blind, and are treating an average of 3,500 cases monthly. We have not lost any clinics during the depression and, in fact, have added some that are operating in connection with the local relief administration. In addition to patients treated in clinics, we are carrying about 1,500 patients under private physicians and these cases are followed up from this office until they receive a year of medication.

"Our educational program has gone forward as usual but less extensively, due to pressure of other work, namely, treatment of indigents. Mrs. Margaret Wells Wood of the American Social Hygiene Association visited us and did excellent work in West Virginia. We personally feel that educational work should go forward more vigorously than it has and not be obscured by medical treatment.

"Problems of prostitution have increased during the depression and we have met with little success in getting effective law enforcement. However, one or two bad situations have been corrected in the state."

Wisconsin—State Board of Health, Madison.—"The Wisconsin State Board of Health has financial alliance with 12 venereal disease clinics, located in various parts of the State and provided with drugs and treatment by the State Board of Health. Where practicing physicians apply to the State for treatment for indigent cases, the State Board of Health furnishes arsenicals, bismuths, and mercurials. During the last few years a tremendous increase in the amount of arsenicals supplied has been necessitated because of economic conditions, the number of ampoules to both clinics and doctors being, as follows:

1929—	7,654	ampoules	of	arsenicals
1930—	9,033	“	“	“
1931—	13,609	“	“	“
1932—	14,253	“	“	“
1933—	15,192	“	“	“
1934—	11,142	ampoules	of	arsenicals for the first six months

“The sum total of reports of cases coming to the State Board of Health from all sources, however, shows only a slight increase in gonorrhea and a decline in syphilis. Only cases of venereal diseases in communicable form are reported to the State. The number of deaths for congenital syphilis has declined about 50 per cent in the last 25 years. The number of deaths from paresis and tabes dorsalis has declined markedly in the same period. These terminal effects indicate the value of the work now being done in social hygiene and in treatment.

“The social hygiene program goes on more vigorously than ever under the guidance of a man and a woman worker who are employed full time to disseminate knowledge as to the dangers of the venereal diseases and to suggest methods to communities and individuals for building up a saner, healthier point of view on the matter of sex. Almost each day of the school year the man and woman worker talk to several groups. The man devotes his time practically entirely to youthful groups of boys and young men and reaches 98 per cent of the High Schools and Vocational Schools of the state very three years. The woman worker, besides taking school girls, meets adult groups organized in clubs; and sometimes, besides her daily school work, has as many as four evening P.T.A.'s or other adult groups a week. The summer time is devoted to boys' camps, 4-H clubs, scout groups, and to summer sessions of teacher-training schools. One or other of the two workers is on the boards of such organizations as the Parent-Teacher Association and the League of Women Voters.

“During the first 11 months of 1934, 778 talks were given, totaling an audience of 40,621 persons. This gives no indication of the number of private conferences held after such talks. It is estimated that an hour and a half talk is often followed by a total of six hours of conference—personal questions of students, requests for plans by school board members, deans of girls and boys, suggestions for social hygiene material in home nursing classes, home economics classes, physical education classes, and biology classes.

“A large book service is maintained by which any citizen of Wisconsin may borrow for a brief period of time and without cost any one of the books listed and approved in the social hygiene reading list. A large amount of literature, social hygiene outlines, are furnished to mothers' clubs, parent-teacher associations, and other groups, literature being given only upon request. Giving the literature out upon request rather than distributing it broadcast gives an indication of the eagerness of persons, teachers and other community workers to avail themselves of the social hygiene oppor-

tunities furnished by the State Board of Health. Pieces of social literature requested and sent out numbered 33,710 during the first 11 months of 1934. The citizens of Wisconsin are the most eager and responsive audience its two social hygiene workers have ever encountered.

"For 1935, this department hopes to continue its present plans extended to the greater demands made, greater not so much because of disease, but rather because of a greater and more cooperative interest."

Wisconsin—Milwaukee Health Department.—"The Milwaukee Health Department Social Hygiene Instructor has devoted only part time to lectures during 1934, due to the necessity of assisting in the Venereal Disease Clinic of the Health Department for six full weeks; of taking a payless furlough of four weeks in addition to two weeks vacation like other Health Department employes; of doing the work of a woman sanitary inspector, and of making investigations when referred by the State Board of Health officer, private physicians, nurses and social workers. A very important factor in the follow-up V.D. work is contact made with the reported source of infection, with emphasis placed on the necessity of and our facilities for examination and treatment.

"Despite handicaps of time during 1934, there was an attendance of 5,153 persons at the 92 lectures given by the Instructor in Social Hygiene during the year, 720 individual conferences, 80 exhibits and distribution of 8,855 pamphlets on social hygiene.

"Results of social hygiene instruction in this and previous years are shown in the number of girls and women who visit the clinic for blood tests and G.C. examinations. With more and more discussion of these diseases people are learning to regard them as they do other public health problems. Several factors in the social hygiene situation in Milwaukee might be mentioned.

"The hospitals, such as the Milwaukee County and the Children's Hospital, notify the Health Department of cases neglecting treatment for follow-up work. Lectures have been given groups of mothers, and these mothers have later requested lectures and conferences for groups of their daughters.

"The Home for the Friendless, an institution housing transients and cases referred by social agencies, is sending all those not examined on entrance to the Health Department clinic for nose and throat cultures and blood and G.C. examinations. Industrial nurses and social workers are cooperating in referring cases and conferring on individual cases. There is splendid cooperation from the women deputies at the County Jail where lectures are given on social hygiene and where follow-up work is done on all positive cases. Those in charge of the schools of beauty culture have been very cooperative and report that all new entrants will be asked for a certificate of good health from their own physician and a negative blood and G.C. report from the Health Department.

"The Milwaukee Urban League is cooperative and many groups of colored girls and women, including Y.W.C.A. groups are contacted.

"A decidedly new feature of the work is the fact that 1934 brought the first request for social hygiene in some of the parochial schools.

"In checking the relation of venereal disease to stillbirths reported to the Health Department, calls were made at the offices of doctors and hospitals two years ago. It has been noted, subsequently, that a large number of stillbirths reported in the Vital Statistics Department state the cause of the stillbirth."

Wyoming—State Department of Public Health, Cheyenne.—"The Board of Health of Wyoming has not been able to do any active work along the line of social hygiene activities due to the severe curtailment of funds for the past two years."

NOTE: Up to the time of going to press no reports have been received from the following: (1) state boards of health,—Idaho, South Carolina, Utah, and Vermont; (2) state and local social hygiene organizations,—Oakland Social Hygiene Committee, Indiana Tuberculosis and Health Association Committee on Social Hygiene, Social Hygiene Committee of Kansas Council for Health Education and Public Welfare, Baton Rouge Social Hygiene Committee, Missouri Social Hygiene Council, Albany Social Hygiene Committee, Syracuse Morals Committee, Utica Crime Prevention Bureau, Ohio State Social Hygiene Council, Tuberculosis Society of Oklahoma City Social Hygiene Committee, Pittsburgh Social Hygiene Committee, Reading Social Hygiene Committee, Richland County (So. Car.) Social Hygiene Council, South Dakota Social Hygiene Council, Social Hygiene Association of Tennessee, Seattle Social Hygiene Committee, Pierce County (Wash.) Social Hygiene Society, Charleston (W. Va.) Social Hygiene Committee, Milwaukee Society for Suppression of Commercialized Vice.

THE FEDERAL SOCIAL HYGIENE PROGRAMS

No summary of country-wide social hygiene activities is complete in this day and age without mentioning the part played by the Federal Government, especially its emergency program. At a number of points in the application of the Government's social welfare programs state and community social hygiene activities are affected. Rules and Regulations No. 7 allow payment from relief funds to doctor's for treating indigents with venereal disease, and many states have taken advantage of this permission. Employment of thousands of public health nurses has opened virgin territory to regular nursing service, as well as preserving existing insecure nursing services. Further governmental activities provide for examination for syphilis and gonorrhea and treatment of transients when needed, the same care of boys in CCC camps, a model health program under way in the Norris Dam area of the Tennessee Valley Authority, adult education and nursery school educational emergency projects, home loans and low price housing, and expenditure of Federal funds for miscellaneous activities having to do with recreation, crime prevention, vocational guidance and other protective measures for the benefit in various ways of the unemployed. Directly and indirectly these activities are all important to the social hygiene movement.

Permanent government activities in fighting the venereal diseases are centered in the Division of Venereal Diseases of the United States Public Health Service, established by law to study the causes, treatment and prevention of syphilis, gonorrhea, and chancroid; to cooperate with the State departments of health in the control of

these diseases; to prevent their spread through interstate travel. For the last fiscal year, the net appropriation was \$58,000. This was supplemented by gifts from two philanthropic foundations for completion of special pieces of work. Among the research studies of the Division are included clinical aspects of syphilis and the results of treatment, and surveys of prevalence. During the year a total of 230,890 cases of syphilis, 153,233 cases of gonorrhea, and 1,808 cases of chancroid were reported by 47 state health departments. These figures do not represent in any way a true picture of prevalence, since cases are inadequately reported. Even so they are impressive when it is realized that every year reports of venereal diseases outnumber all other reportable diseases except possibly measles, or influenza in an epidemic year. The only clinic maintained directly by the Public Health Service is at Hot Springs, Arkansas. A tremendous influx of transients into that city has greatly added to the volume of work in the clinic. Venereal disease patients increased 25 per cent over the previous year. The Division carried on important educational work through its publication *Venereal Disease Information*.

UNITED STATES ARMY

The 1934 Report of the Surgeon General of the Army shows that in 1933 admissions for syphilis, gonorrhea, and chancroid reached a new low for all time in the history of the Army. The combined rate dropped from 42 per 1,000 in 1932 to 34.4 in 1933, one reason for this decrease being a marked improvement among enlisted forces stationed in China. Gonorrhea, as usual, held leading place as the cause of days lost from work, per case amounting to 46.6 days annually, but even this figure shows a large reduction from 1932. As a cause of admission to sick report, gonorrhea stands fourth. Of this good record the report says, "The reduction in this group of diseases is due to the constant and unremitting efforts of officers of all branches of the service."

UNITED STATES NAVY

During the calendar year 1933, the venereal disease admission rate in the U. S. Navy was 102 per 1,000, a 23 per cent decrease from 1932. The venereal diseases, including syphilis, gonococcus infections, chancroidal infections, and verruca acuminata, occupied second place among all causes of morbidity and contributed the largest number of sick days of any group. They were responsible for 21 per cent of admissions for all causes, and 16 per cent of total sick days. For both syphilis and gonorrhea the highest rate recorded was in the age group 20 to 24 years. There were about 2.7 times as many gonorrhea cases as syphilis. The admission rate in the Asiatic Fleet decreased nearly 50 per cent from 1932, a record for all time. According to the Fleet Surgeon, this was accomplished through additional administrative measures and the extension of prophylactic facilities. The whole-hearted cooperation of commanding officers as well as medical officers was also mentioned as an indispensable factor in the decrease.

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4 rue de Sèvres, Paris, France

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NO. 3

THE ABOLITION OF LICENSED OR TOLERATED HOUSES OF PROSTITUTION

SUMMARY

OF A STATEMENT BY THE RAPPORTEUR OF THE TRAFFIC IN WOMEN
AND CHILDREN COMMITTEE OF THE LEAGUE OF NATIONS,
WITH RESOLUTIONS ADOPTED BY THIS
COMMITTEE IN 1934

Note.—The statement from which this summary is made constitutes the *Fifth Part* of an important general report submitted by the Committee on this subject. The other sections are entitled as follows: *Part I. An Introduction; Part II. The Account of a Recent Enquiry Conducted by the Secretariat of the League to Determine Conditions in Fifteen Important Cities of Europe Which Have Abolished or Have Never Known The System of Licensed Houses; Part III. The Effects of the Closing of Licensed or Tolerated Houses in Certain Seaport Towns and Crown Colonies of the British Empire in the East; Part IV. Information Concerning Latin America.*

The published report can be obtained from the League of Nations, Geneva, or in the United States from the World Peace Foundation, 40 Mt. Vernon Street, Boston, Massachusetts.

Previous Enquiries

It was not long after its appointment, twelve years ago, that the attention of the Traffic in Women and Children Com-

mittee was called to the close relation existing between the licensed-house system and the traffic in women. It accordingly set itself the task of ascertaining the extent to which the system of licensing or recognising houses of prostitution existed in different countries and the value attached to the system, which is usually associated with measures for the registration and medical examination of prostitutes, in protecting public health and order against the dangers arising from prostitution. The Committee also studied in great detail the methods followed in those countries where no such system existed, or where it had been abandoned, so as to ascertain, if possible, whether any unfavourable results are likely to ensue if licensed houses are closed and official regulation discontinued. The results of these enquiries, which were pursued by means of questionnaires addressed to the Governments, were published by the League of Nations in 1929 and 1930.¹ Considerable light was also thrown on the question during the course of the investigation made by the special body of experts appointed by the League of Nations to enquire into the extent of the traffic in women in America, North Africa and Europe.

The first report, published in 1927, states categorically that "the existence of licensed houses is undoubtedly an incentive to traffic, both national and international".² The Commission, which, under the auspices of the League of Nations, conducted a similar investigation in the East, came to a similar conclusion. "The principal factor", they say in their report published in December 1932, "in the promotion of international traffic in women in the East is the brothel and in the chain of brothels which are at the disposal of the trafficker, particularly the brothel in the place of destination of the victim. The most effective remedy against the evil

¹ *Licensed Houses: Abstract of the Reports from Governments on the System of Licensed Houses as related to Traffic in Women and Children* (document C.T.F.E.336(2).1929); and *Study of Laws and Regulations with a view to protecting Public Order and Health in Countries where the System of Licensed Houses has been abolished* (document C.T.F.E.466(1).1930).

² *Report of the Special Body of Experts on Traffic in Women and Children*, document C.52.M.52.1927.IV, page 47. The funds for this enquiry were furnished to the League by the American Bureau of Social Hygiene. The Chairman of the Body of Experts was an American, Dr. W. F. Snow.

therefore is, in the Commission's opinion, the abolition of licensed or recognised brothels in the countries concerned.'"³

A preliminary examination of this report was made by the Traffic in Women and Children Committee and the Child Welfare Committee, sitting in joint session in April 1933, and in view of the observations of the Commissioners it was decided to obtain further information as to the latest development in regard to the licensed-house system and, in countries where licensed houses have been closed in regard to the results of such closing, especially in cosmopolitan centres, seaports and garrison towns. The Secretariat, which was asked to collect this information, submitted to the Traffic in Women and Children Committee a report (document C.T.F.E.612) which formed the basis of a discussion on the subject and led to the conclusions which are referred to later.

Object of the Present Enquiry

The object of this latest enquiry was to ascertain, if possible, the consequences of the abolition of licensed houses. The report mentioned fifty countries which have never adopted the licensed-house system or which have abandoned it for the whole or part of their territory. Information in greater detail is given of the experience of fifteen European towns. In the case of many of these towns, the information supplied by members of the Committee or from other authoritative sources has been followed up by a visit paid by a member of the Secretariat, who, by this means, has been enabled to elucidate any points of doubt or to present the results in a clearer fashion. The Committee recognises the value of this procedure and hopes that it may be adopted more freely by the Secretariat in future.

A memorandum prepared by Mrs. Neville-Rolfe, secretary-general of the British Council of Social Hygiene, who was invited to attend the meeting of the Committee, gave many interesting particulars about the progress made in certain parts of the British Empire, notably in the Far East. This information is inserted in the present document.

A report (document C.T.F.E.616) on the position in the United States of America was presented by Mr. Bascom Johnson, and was of assistance to the Committee in completing its information.

³ *Commission of Enquiry into Traffic in Women and Children in the East*, document C.849,M.393.1932.IV, page 96. The funds for this enquiry came from the same American Source and the Chairman was again an American, Mr. Bascom Johnson.

Results of Enquiry

It is apparent from this enquiry that there has been a marked and increasing tendency in recent years to abandon the licensed-house system and, to a lesser extent, the system of the compulsory medical examination of prostitutes, and, so far as the protection of public health is concerned, to rely on the extension of facilities for the treatment of venereal disease to the whole community. This is due no doubt largely to social changes and to the progress of medical knowledge, as expressed in particular by the resolutions of 1926 and 1933 of the *Union internationale contre le péril vénérien*.¹ It may be noted that, in many countries, the change of system has taken place since the Committee began its work, and there can be little doubt that the impulse given to the investigation of the whole subject by means of international cooperation through the machinery of the League of Nations has produced fruitful results.

The report abundantly shows that the absence or abandonment of the licensed-house system does not lead to adverse effects, either on public health or public order. There is a general consensus on this point, though in one town—and one town alone—some doubt was expressed on the subject. With this exception, the authorities appear to be completely satisfied with the change, and, in many cases, express the opinion with emphasis that the situation in regard to prostitution and its consequences is better since the change was made, and that there is no desire to return to the previous system.

With regard to the effect on the incidence of venereal disease, the evidence furnished to the Committee shows either that the position has improved or that no change for the worse has been experienced.

The statements in regard to the effect on public order are equally satisfactory. Little difficulty has been experienced in maintaining order in the streets, and there is no evidence that the number of sexual offences has increased.

While the primary object of the Committee is to determine whether, having regard to the encouragement which the licensed-house

¹ *Resolutions of the "Union internationale contre le péril vénérien" regarding the Regulation of Prostitution. Extract from the Resolution of 1926.*

Considering that the therapeutic treatment of patients suffering from venereal diseases is one of the principal means of arriving at the suppression of syphilis and the decrease of other venereal diseases;

Considering that regulation of prostitution has never at any time or in any country rendered it possible to limit the ravages caused by venereal disease;

And that, on the other hand, it is against all justice and all idea of social morality;

The Advisory Council of the Union recommends:

(1) The suppression of the regulation of prostitution, and

(2) The application of measures having in view the whole of the population, men, women and children, and being inspired in so far as possible by the principle of individual liberty.

system gives to traffic in women, it can be abandoned without detriment to public health and order, it is worthy of notice that several of the authorities consulted refer to matters which are of equal, if not greater, importance—namely, the effect of the system on the morals, especially of young people, and on the position of the women concerned. In dealing with prostitutes, the importance of respecting human personality must be fully recognised, and by no means the least of the results obtained from an abandonment of the licensed-house system may be found in the protection from exploitation and the opportunity for the rehabilitation of the women who were inmates of the licensed houses.

Diversity of Methods

One of the significant features of the report is the diversity of methods adopted in different countries and cities in dealing with the problem of prostitution. These methods must naturally vary according to local conditions and the social habits and customs of the population. Nevertheless, it is surprising to find that several of the cities in respect of which information was obtained have abandoned the licensed-house system, but have retained a system for the registration and compulsory medical examination of professional prostitutes.

In some cases, the latter system is retained side by side with organised facilities for the treatment of venereal disease on modern lines available to the whole community. As the number of professional prostitutes who are thus registered and examined can only be a very small proportion of the women practising prostitution in a given area, it is difficult to see what useful purpose is served from the point of view of public health in retaining a system which is open to so many objections on other grounds. While the abolition of licensed houses may be an important step, especially in reducing the risk of traffic in women, it would be very misleading to leave the impression that this step taken by itself is a satisfactory solution of the whole problem. Those authorities who have taken the further step of discontinuing the system of registration and compulsory examination have not only adopted a more logical policy, but can also show more successful results.

The Committee observes that, in at least one town, the abandonment of the licensed-house system has been followed by the formation of a reserved area for prostitutes. This would appear to the Committee to be an inconsistent policy. While removing some of the dangers which arise from the licensed house, it perpetuates others in respect of the reserved area, especially in regard to the flagrant

advertisement it gives to the opportunity for prostitution, and many of the objections which apply to the licensed-house system would apply equally to the system of the reserved area.

Combination of Measures

Those authorities who, in abandoning the older methods, have grappled with the situation most effectively appear to have realised that success lies, not in the adoption of one particular method, but in the combination of a series of measures which must form part of a constructive policy. Those who abandon the licensed-house system without taking other essential steps may well find that the evils they have suppressed are soon replaced by others. The report furnishes a composite picture of the various coordinating measures which have been adopted with success, and the Committee thinks it may be useful if they refer briefly to these different methods.

(1) The first and perhaps the most important need is that organised facilities for the treatment of venereal disease on modern lines should be available for all the members of the community. Such treatment should be provided free and should be given under conditions of confidence. When such facilities are provided, it is found in practice that prostitutes as well as other members of the community will avail themselves of these facilities voluntarily, and the need for the compulsory examination of prostitutes as such disappears.

(2) Widespread propaganda is necessary to explain the dangers of venereal disease and the need for early treatment. The experience of many countries shows that, when members of the public, who are often ignorant of the dangers, realise the need for treatment, they are not slow to resort to the clinics.

(3) The closing of brothels, whether licensed or recognised, and the punishment of brothel-keepers is an essential feature of the policy. The measures for closing may have to be taken gradually, according to local conditions, but the policy of closing has been found easier where provision for the treatment of venereal disease has already been made and has become familiar to clandestine prostitutes, as well as to others. The announcement of the decision to close brothels so that it may be known to all concerned, including the inmates and brothel-keepers, has been found in some areas to facilitate the final steps.

(4) Suitable measures must be taken for the rehabilitation of the inmates of brothels. It has often been found possible to do a great deal in the way of facilitating the entry of such women into decent occupations, or to provide for them temporarily in institutions, or to arrange for their return to their homes. Many of the inmates of brothels are known to be mentally defective or otherwise abnormal.

For these women, mental observation by medical specialists and accommodation suitable to their needs should be provided.

The Committee emphasised the value of information on the result of recent experiences of Governments and voluntary organisations obtained on this matter and on the methods of rehabilitation now adopted. It was suggested that the Secretariat should prepare a report for the next session.

(5) The laws in regard to soliciting, brothel-keeping and procuration must be adequate and must be rigorously enforced.

(6) The report contains examples of a number of social measures which can be grouped together under the heading of preventives, and which may prove of the greatest value in conjunction with the measures already mentioned. Attention may be specially called to the large number of institutions maintained in Germany by the municipal authorities for combating prostitution. The object of these institutions, which keep in close touch with the courts, venereal dispensaries and private relief organisations, is to rescue persons from destitution, procure them regular work, return them to their homes, or provide them with medical treatment. A large number of women who have fallen into prostitution come under the care of these authorities and, as many of them were found to be mentally defective, they were suitably provided for and thus withdrawn from prostitution.

In Amsterdam and Rotterdam, preventive and social work is done by a special department of the municipal police, which deals with persons under age who are exposed to moral danger, and takes appropriate steps for their protection.

Warsaw has found women police, of which there is a substantial force under a competent woman superintendent, of great service in the campaign against soliciting and the activity of *souteneurs*, and in protecting young people in moral danger. The employment also of women in protective work, under the responsible administrative departments, has proved of great value and is recommended by the Commissioners who made the recent enquiry into traffic in women in the Far East.

In some of the Eastern countries, it has been found highly desirable to take steps to educate the general public in the right attitude towards the whole problem of prostitution, especially in creating a clearer understanding of the responsibilities of both sexes. There can be little doubt that propaganda of this kind is necessary in all countries.

Conclusions

The Committee feel that they would be failing in their duty if they did not attempt to draw certain conclusions from the material before them and they have embodied these conclusions in the following resolutions, the reasons for which are explained in the preceding observations.

Resolutions Concerning the Abolition of Licensed or Tolerated Houses

I. The Traffic in Women and Children Committee,

Having carefully studied the report prepared by the Secretariat on the abolition of licensed or tolerated houses:

Observes with great satisfaction that, since the beginning of the Committee's activities, considerable progress has been made by many countries throughout the world in abandoning in certain towns, or in the whole of their territory, the licensed or tolerated house system, which, according to the information obtained by the Committee, is one of the main incentives to the traffic in women; and that, where this procedure has been adopted, there is no evidence that any increase in the incidence of venereal disease has resulted from the closing of licensed or tolerated houses, or that public order and decency have suffered because of their abolition.

The Committee wishes to draw the attention of Governments to the fact that those authorities which have closed licensed or tolerated houses and have also abolished the system of regulation applicable to prostitutes are unanimous in declaring that the problem of prostitution can be more effectively dealt with when licensed or tolerated houses are abolished, and that there is no desire in such countries to return to the old system.

II. The Traffic in Women and Children Committee,

Having been convinced by the results of the enquiry made by the Secretariat of the League of Nations that it will no longer be possible to defend in the future the system of licensed or tolerated houses by the arguments which once seemed to justify it:

Asks the Council to invite Governments to maintain the abolition of the system of licensed or tolerated houses wherever this has been realised, and to consider the desirability of abandoning this system where licensed or tolerated houses still exist.

III. The Traffic in Women and Children Committee:

Observes that certain countries and certain towns that have abandoned the licensed or tolerated house system have retained the system of compulsory registration and medical examination of professional prostitutes.

As the number of the latter forms everywhere but a small part of the total number of prostitutes, the retention of the system of registration would appear to be unnecessary from the point of view of public hygiene, so long as adequate provision is made for the general treatment of venereal disease.

In view of the grave objections to the system of regulation on moral and other grounds, the Committee sincerely hopes that those authorities that still maintain a system of compulsory registration and regular medical examination of prostitutes will abandon this practice in view of recent medical experience.

IV. The Traffic in Women and Children Committee:

Points out that, while the general abolition of licensed or tolerated houses will have an important effect in reducing the traffic in women, this step, taken by itself, cannot, in its opinion, effectively remove the dangers to health and morals arising from commercialised vice, and that this step needs to be supplemented by the education of public opinion regarding the social value of the proposed legislation, by the education of individuals regarding their social and moral responsibility and by further measures, such as the organisation of free treatment of venereal disease available to all members of the community and propaganda designed to enlighten public opinion as to the dangers of venereal disease.

Side by side with these measures, it is essential for the suppression of the traffic in women that the steps taken to prohibit brothels of all kinds and to punish brothel-keepers, *souteneurs* and procurers should be adequate, and that suitable measures should be taken for the preservation of public order in the streets.

V. The Traffic in Women and Children Committee:

Wishes to record its opinion that, when steps are taken to close licensed or tolerated houses or to abandon the system of regulation, it is essential that measures should be adopted for the rehabilitation of the women concerned according to their individual needs.

In particular, provision should be made, with the help of psychological examination and medical advice, for the appropriate treatment of those women who are found to be feeble-minded or otherwise abnormal.

The Committee desires to emphasize the value of all preventive measures, such as social assistance and education, to be applicable equally to both sexes, with a view to decreasing prostitution.

The Indictment.—"Commercialized prostitution strikes at the home and family, breeding deceit and disloyalty, degrading the marriage relation, undermining character and self-control of men and women; injures public health, affording the greatest opportunity for spread of the dangerous communicable diseases, syphilis and gonorrhea; exploits young people, promoting traffic in women and girls and victimizing both sexes for the profit of third parties; encourages sex delinquency, promoting immature sex curiosity and adventure by youth which often ends in promiscuity; and increases graft, allying itself with other lawless, anti-social forces which corrupt susceptible public officers."

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SOME ASPECTS OF THE VENEREAL DISEASE PROBLEM IN WASHINGTON, D. C.

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Although no more exact statistics on the prevalence of syphilis and gonococcal infections in the District of Columbia are available than in other cities, fair estimates may be made by applying the knowledge gained from current studies conducted under the auspices of the Social Hygiene Society and District Medical Society together with the studies of other communities. We have, for instance, the results of surveys conducted by the United States Public Health Service and the American Social Hygiene Association in both urban and rural population groups totaling about 26,000,000 people. These surveys include reports from hospitals, clinics, and private physicians. They afford information as to minimum rates of clinically recognized cases, the annual attack rate of clinically recognized cases in a smaller but representative sample of the population, the trend of the infection rate, and other facts which have a bearing on control. In summarizing information from this and other sources, Parran¹ said:

“On account of syphilis 4.26 persons per 1,000 of the population are constantly under treatment. This represents more than one-half million people in the United States. If other urban rates apply to Washington, 4,300 cases are constantly under treatment in this city.

“There are 7.3 cases per 1,000 persons of new infections each year, or an annual crop of new cases in this city of more than 5,000.

“Two-thirds of the cases are being treated as private patients,

¹ *Congenital Syphilis*. Thomas Parran, Jr., M.D. Paper read before a joint meeting of the Medical and the Social Hygiene Societies of the District of Columbia, January 10th, 1934. Vol. III, No. 2, P. 29 (Feb. 1934), *Medical Annals of the District of Columbia*.

although this proportion is reversed in such cities as Baltimore and Philadelphia.

"One-half of all physicians are constantly treating syphilis, but the bulk of cases is concentrated in the hands of specialists and clinics.

"Syphilis is four times as prevalent in urban as in rural areas, and five times as prevalent in Negroes as in whites. The infection rate in males is 50 per cent greater than in females. Syphilis is comparatively rare in certain rural areas but almost pandemic in boom towns and certain Negro groups.

"Only one-half of all cases seek treatment within one year of onset, and of these only 6 per cent start treatment in the sero-negative primary stage.

"Re-surveys in my own state (New York) are confirmed by Federal data showing a significant increase in prevalence since 1926-27.

"Congenital syphilis affects 2 per cent of all new born babies. In obstetrical clinics syphilis is present in from 3 to 25 per cent of the cases, averaging 5 6/10 per cent in all reports which I could assemble. Congenital syphilis is the largest single cause of fetal death, being 12 to 50 per cent of the total."

Of the diseases reported to the U. S. Public Health Service by the state health departments, syphilis at present stands second among the most frequently reported infections; gonorrhea, seventh. No worthwhile estimate can be made of those infections which either remain untreated or are malhandled by attempted self-treatment.

Washington's high infant mortality-rate furnishes another indication of the extensive incidence of syphilis in this city. The important rôle played by congenital syphilis is familiar to physicians and other health workers. In 1932 the city's infant mortality-rate was 73 per 1,000 live births. When broken down into separate statistics for white and colored, we find the rate for the former 56.7 and the latter 108.6. Some improvement has been noted since these rates were reported, but routine Wassermann tests and prompt, intensive therapy for infected pregnant women are necessary to reduce this high infant mortality.

The Health Department and hospital prenatal clinics are doing considerable work in this field but the private physician who comes in direct contact with the problem either in the home or in his office can do more than he has towards its solution. Stokes, Wile, Moore, Williams, Schamberg and many other authorities have demonstrated that up to 95 per cent of congenital syphilitic infections can be avoided by prompt and efficient therapy. A great toll of neonatal deaths and maimed children will be averted as soon as the medical profession puts into effect these proved procedures.

Are syphilis and gonorrhea on the increase? This is a difficult question to answer because so few private physicians report their cases. Hence we are forced to rely on clinic reports for a reply, and these show steadily mounting attendance figures. Educational work by health departments and social hygiene societies may account for some of this increase; a second factor is the economic depression which undoubtedly has drawn clinic recruits from the ranks of those who, when working at reasonable pay, patronized the private physician. But many state and city health officers, even after taking into account increased education and the effects of depression, believe that there has been a real increase in venereal disease incidence. They now rank syphilis as a great—if not the greatest—public health menace. Figures for the District of Columbia Health Department's Venereal Disease Clinic support this ranking.

Clinics for the treatment of syphilis and gonorrhea in Washington number eleven, classified essentially as in other cities, namely municipal and private. The municipal clinics are run under two heads—first, the Venereal Disease Clinic of the Health Department which is the largest clinic in the city, and secondly, the Syphilis Clinic of Gallinger Municipal Hospital, operated by the Board of Public Welfare. Both clinics are free and both are overcrowded. Intake of the Health Department Clinic has increased from 116 cases of syphilis and 203 cases of gonorrhea in 1919, to 2,157 cases of syphilis and 1,335 cases of gonorrhea in 1933. Patient visits per week have increased from an average of 700 in 1929, to 1,300 in 1934. Although some increases in personnel and facilities have been made since 1916, it is admitted that these increases have not paralleled the increase in patients. The syphilis clinic of the Gallinger Municipal Hospital likewise shows an increase in total attendance of from 1,135 patient visits for syphilis in 1927, to 6,000 in 1932.

Gallinger Hospital clinic is intended for patients who have been discharged from the hospital but who need further antisyphilitic treatment. Because of the fact that the Health Department Clinic treats only infectious cases, the Gallinger Clinic of late has been receiving patients whom the former clinic has ceased treating, and who are not cured. It is axiomatic that non-infectiousness does not mean a cure.

Perhaps, the greatest handicap at Gallinger is lack of adequate social service. This large municipal institution is operating entirely on a part-time volunteer social service set-up. The Health Department Clinic also is inadequately staffed from the social service standpoint.

Other venereal disease clinics in Washington, with the exception

of private hospitals, include Freedmen's Hospital for colored people. This hospital although treating a great many cases of syphilis and gonorrhea in its clinic, and being well managed with an able personnel, handles but a small part of the Negro venereal disease treatment in Washington. Study indicates that from 60 to 70 per cent of all of Washington's free and part-pay venereal disease clinic services are devoted to treating the colored population.

We cannot overlook the work of the private hospital part-pay clinics in evaluating Washington's venereal disease control program. To do this would be to neglect agencies caring for 35 to 45 per cent of our clinic problem. These private hospital clinics number eight, including Children's Hospital which we consider separately. For the most part they are adequately run, with considerably less volume than the municipal clinics, but handicapped by the usual lack of facilities.

A survey of the type of test used in each clinic shows the Wassermann test still more frequently employed, although some clinics use both Wassermann and Kahn tests. One of the largest clinics in the city does not maintain darkfield facilities.

Neoarsphenamine was the drug of preference, although old arsphenamine was still used by the Health Department's Clinic. A general line of the other antisyphilitic drugs found bismuth in second place with a variety of others used. But few clinics did cysternal punctures. Lumbar punctures were done in some clinics, but there was a lack of effort on the part of the doctors to get the patients in for spinal tests. These tests could usually be procured at a reasonable price.

The average admission fee to a private hospital clinic is ten cents; some clinics do not charge anything; others charge twenty-five cents. Most private clinics charge one dollar for the arsenical therapy, while some charge the same for the other forms of treatment. Many charge twenty-five cents or fifty cents for bismuth. The teaching institutions were found willing to carry infectious cases and cases with teaching features free of charge. Cardiac consultation was adequate in the private institutions, but too far separated from the clinics run by the Health Department and Gallinger Hospital. The latter institution is without an outpatient department other than the department of syphilis and, being a considerable distance from the city, finds it difficult to treat cardiovascular syphilis adequately. Some patients without carfare or other means of transportation are in no fit condition for treatment by the time they have walked to the clinic.

The drawing of statistical conclusions from cases reported to the

Health Department is unsound, but it seems evident that the reporting of syphilis is being increasingly observed, although it is realized that this reporting is still far from complete. The Health Department attempts to prevent duplication in the recording of these reports by checking each new case with their old files. Whether the increase in reported cases indicates a real increase in prevalence is not known. Here are some figures, however, on which you may base some conclusions. In 1919, 116 cases of syphilis were reported to the Health Department, while in 1933, 5,120 cases were recorded for the current year. The reporting of gonorrhea is largely lacking, with 203 cases reported in 1919, and 2,764 cases in 1933. How to influence physicians to report their cases of syphilis and gonorrhea is still a problem. Of the cases more fully reported to the Health Department, 26 per cent were white and 74 per cent were colored.

The treatment of venereal diseases in children, aside from those dealt with in private practice, is handled almost entirely by Children's Hospital where marked strides have been made as is shown by the large increase in the number of cases treated. Starting in 1926 with 14 new cases and 1,664 re-visits, there has been a steady increase until 1932 when 391 new cases and 2,167 re-visits were recorded. The schools of correction where congenital syphilis cases are discovered either treat the cases themselves or send them to Gallinger Municipal Hospital. In spite of the high infant mortality rate in Washington, much excellent work is being carried on by the clinics in the treatment of congenital syphilis, considering the present limited facilities.

Gonorrheal vaginitis has been reduced in the past few years largely through the efforts of Children's Hospital. Their gonorrheal cases in 1927 showed 1,032 re-visits, and in 1932, 2,167 re-visits. The Episcopal Ear, Nose and Throat Hospital has devoted especial attention to the treatment of ocular syphilis. A ward for gonorrheal ophthalmia has been started at the Gallinger Municipal Hospital during the past year.

The District of Columbia Jail maintains reasonably good venereal disease treatment facilities considering its age and crowded condition. Diagnostic and therapeutic procedures are carried out by the jail physician and his assistant. A total of 650 treatments for syphilis and 2,300 for gonorrhea were administered in this institution during the fiscal year, 1934. The Lorton Reformatory likewise has the necessary facilities for treating venereal diseases under a resident physician. From 100 to 200 treatments per week are given.

No article on the venereal disease problem in Washington would be worthwhile if it dealt only with the indigent and part-pay clinic

patient. Even though deductions regarding private practice are largely speculations they may acquire some degree of authenticity through close observations of the trend of local social hygiene conditions. It seems fair to say that diagnosis and treatment are handled adequately by the specialists in the field, but no such certainty exists regarding the efforts of many general practitioners. If criticism is warranted, it may be leveled not at the skill of the physician administering the treatment, but at the frequent neglect to instruct and insist on the necessity of long and continued treatment.

With the exception of the Health Department Clinic, where separate hours are given to white and Negro patients, both races are treated in the same clinics and on the same days.

A carefully done statistical survey by one of the teaching clinics brought out the fact that fifty per cent of the cases admitted for venereal disease came from the domestic and student group. Members of the second largest group were mostly in the housewife class. This clinic was located in a section of the city where the population averages about seventy-five per cent white and twenty-five per cent Negro. Their clinic attendance averaged fifty-five per cent white and forty-four per cent Negro.

The Medical Society of the District of Columbia in conjunction with the Social Hygiene Society have under way an augmentation of the present study with an attempt being made to propose an ideal set-up for each clinic including a study of the medical economics involved.

In concluding this paper it should be said that the object is not to draw conclusions, but merely to present some facts for consideration, correlating them where logical. We concur, however, with the belief expressed by Dr. William H. Hough, present chairman of the District Medical Society's Committee on Public Health who states that, for the best interests of the public and of organized medicine, we should all help to put in effect the policy set forth by the Minister of Health of England, namely, "Whatever else might be done for the control of venereal disease, treatment by skilled practitioners must be so freely available that not a single infected person need go in need of it."

THE TEACHING OF SOCIAL HYGIENE DURING THE DEPRESSION

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It has been interesting to note the changes in the attitude of the pupils in the William Penn High School during the last five years. These changes are due to added responsibilities, anxieties and worry over home and school conditions. Among the younger girls, many still show a lack of responsibility, and are still a noisy, easy-going, loud-talking group, bent on having a good time, no matter what happens.

We have also a large number that are under-nourished and under weight. These girls are distributed in seven classes in Nutrition, both underweights and overweights in the same classes. There has been a notable increase in the numbers taking Nutrition this last fall term, over those of the previous spring term. Many of our girls are from families receiving aid from the United Welfare Association, some of them for a period of two or more years. Girls are placed in Nutrition classes if 13 per cent under, or 20 per cent over weight.

The older girls are quieter than usual and not so girlish and care-free. Many of them are full of worries and anxiety. There is a sort of hopelessness in the outlook concerning the chance of getting any employment. They don't know what they will do or where to turn when they are graduated.

Our talks on adolescence, marriage, and the venereal diseases are received in a much more serious manner than formerly. The great question is whether or not to marry a man without a job. In normal times, there would be but one answer to this—in the negative. Now, there is hesitation, or a downright "yes" for an answer.

All the seniors, in reply to questioning, say they know many couples who have entered a long engagement, and are waiting patiently for a job to turn up, before they will venture to take the risk of marriage. On the other hand, many have reported couples who are having sexual relations, despite the fact that they are not married. This seems to occur sometimes even if one of them has a job. Many have expressed the opinion that it would be a good thing if the parents would be generous, and allow them to marry and live in the home with them. Even if it was only one room, it would be a place of shelter for them. They do not seem to realize that even then children would probably come along; and

the question of birth control, or contraception, and how it is accomplished does not seem to enter their minds. The main fact is that they want tremendously to be married. Most of them would be willing to have an inexpensive wedding, no wedding trip, and live in as cheap a way as possible in a small apartment, or if necessary, in one room. The only solution seems to be their acceptance and their maintenance by their parents. It is understood, they explain, that the girl would help about the house and the man also do all he could to earn anything, in any way, in order to add to the family income. Furthermore, he must always be on the lookout for a job, so that the couple could and would support themselves as soon as possible. If the parents are unwilling to try this experiment, the girls seem to feel that they would be subjected to a pretty strong temptation to have sexual relations before or outside of marriage. This opinion is not put forward by a large number, but it is there in the background and has to be reckoned with.

In previous years, when we have talked on the subject of the venereal diseases and prostitution, great interest has always been displayed, but now there are a number who seem embarrassed or uneasy on account of their own feelings. It makes one wonder what experiences they may have had. We never force a confidence and are always glad to receive a voluntary experience or confession. Intuition tells us that some of them have had sexual experience. This is rather significant, because these same subjects have been taught here for over twenty years and we have never had quite this same reaction from the classes.

One very pretty girl who is working in the afternoons at a part-time job in one of our smaller department stores, related the following experience:—A rather flashily dressed woman bought some lingerie from her and while waiting for change said, "I'd like to make a date with you, dearie, say tonight or tomorrow." The girl replied that she was working. The woman then asked for a date any night in the week. The girl was very anxious not to be impolite or to antagonize a customer, as it might result in the loss of her job, so she still refused, saying she was working every night. The woman however persisted saying, "You are too good looking to be selling here in this store—can't I see you on Sunday?" The girl in desperation replied that she went to Sunday School, whereupon the woman gave up in disgust and left. The girl reported this occurrence to a man buyer who, she said, was very kind to all the girls. He said "That's right. Don't ever go with a woman like that. She just wanted to get you into a house of prostitution." This girl did not know what a house of prostitution was, and this incident came out in the course of a lesson on venereal diseases and prostitution.

Nearly all of our older girls try to get part time jobs in the afternoon or evening in department or other stores, and all are more or less subject to temptation of various kinds. This one fact has impressed on me more than ever the vital importance of these lessons in social hygiene. We sometimes see cases of gonorrhea

in which the infection has occurred during the summer months when behavior is much more lax. Some of the parents seem to know very little about the health of their children, and the first intimation of trouble is reported in school. This applies also to occasional cases of pregnancy which are first noticed in school. In fairness to the high schools, let me add that these are often large girls of fifteen or sixteen years, just entering in the freshman year. They have not had the benefit of contact with the school institutions and all the various agencies which help to safeguard the pupils. With a strong Students' Association teaching self-government, and about thirty different clubs, there are many ways to develop and interest the young girl. She should be urged to follow a hobby of some sort, and thus divert her thoughts away from too much introspection. She should have a sane and wholesome interest in boys, dancing, athletic games, good books, plays, and movies.

Last week, in the course of a health talk to about six hundred freshmen, we had occasion to inquire how many girls had attended a moving picture within the week. The answer was practically one hundred per cent. About 80 per cent had attended twice in the week, and 50 per cent three times in the week. About two dozen had attended four times and about half a dozen five times. This was at a time when we were making a drive for membership in the Students' Association (which is ten cents a term) and trying, unsuccessfully, to get a one hundred per cent enrollment. It makes one wonder how much of the money spent for movies was donated to the parents by the Welfare Association to provide food, clothing and coal.

Discussion of stimulants and narcotics is always listened to with intense interest. We often have a debate on smoking or non-smoking for girls. Just how many do indulge it is hard to say, but there is still a large number in this school who will vigorously oppose it. This is a girls' school, and we have practically no cases of smoking in school, but outside the school there is smoking and drinking also.

The warning against the taking of cocaine or forms of opium is taken seriously, often with many heads nodding in acquiescence. Quite a few of our pupils come from poor and vicious neighborhoods and they know what it means to take "dope" in any form.

Social hygiene has always been an important part of our curriculum, but today in view of the present surroundings and conditions and temptations to contend with, it is a vital necessity. Our young people should be encouraged to stand firm for what we know and feel to be fine, wholesome and right. At no time have temptations been presented in such glittering and glamorous forms or such specious arguments put forth. It is idleness which is so dangerous. It is much better to work for nothing, than to be without work. Students should be encouraged to attend all free lectures, art museums and libraries in order to occupy their time. Certainly, the problems of the present generation are most serious, and may well command our most thoughtful attention and planning for their well-being.

CONTROL OF VENEREAL DISEASE IN SOUTH AMERICA

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Ocean commerce is the life blood of South America. The raw materials which abound must seek markets in lands supplying fabricated goods to meet the economic and cultural needs of the several countries. Nothing can be allowed to interrupt the ebb and flow of international shipping.

The Pan-American Sanitary Code, therefore, deals quite properly with those special epidemic diseases, outbreaks of which lead to the quarantining of ports, such as typhus, yellow fever, cholera, and plague. Tuberculosis and syphilis are today more serious health problems than these, yet because they are pandemic and harbored pretty much alike in all civilized countries of the world, seaports are not quarantined against them. It might prove a salutary public health measure if ports not taking adequate measures to effect their control were closed to international traffic.

The Ninth Pan-American Sanitary Conference held in Buenos Aires November 12-22, perforce dealt chiefly with those pestilences of major significance to trade. Both tuberculosis and syphilis, however, were discussed and much interesting information was forthcoming as to the measures now being undertaken to combat them in the twenty-two Republics sending delegates to the Conference.

The population of South and Central America differs from our own in being of more homogeneous origin, Portuguese in Brazil, Spanish predominating in the other countries. The delegates admitted that the prevalence of a somewhat lax attitude toward questions of sex relations increased the complexity of their social disease problem. They deplore this attitude deeply, feeling that in it lies a very genuine menace to racial progress. With the spread of health education programs the public itself is showing a well founded alarm, one indication of this being an apparent reluctance on the part of some women to mate with their own

people, preferring marriage with members of the Northern European or North American colonies resident in their respective countries.

Experiments in segregation of prostitutes, periodic examination and prohibitory laws have been widely undertaken but none have shown promise of success. The consensus of opinion on the part of the delegates was not favorable toward any of these or similar measures. Education, it was agreed, offered the main hope for an improvement in the existing situation. This was admitted to be a tedious procedure but the one giving most hope of ultimate benefit.

It was recognized that the busy shipping ports with their enormous numbers of sailors and other transient visitors added much to the difficulties to be overcome and would continue to offset educational progress. The countries are in part still in the pioneer stages of development with a large surplus of male immigrants. This leads to mixed marriages and without doubt to a certain lowering of family standards. In certain countries the Indian population is large but no very accurate information could be gained as to what effect on the indigenous races syphilitic infection has had thus far.

Those countries lying near the equator have a large percentage of Negro inhabitants. Very few of the present generation have come from Africa. For the most part their predecessors were brought to the Caribbean area and they now represent considerable racial mixture. The tropical Negro is a well-recognized social and public health problem. For the most part he lives in the very poor quarters of the city, badly housed, greatly crowded and without even the very modest economic advantages of his lighter-colored neighbors.

In view of the difficulties presented by the problem of the control of syphilis and the profound racial menace which its prevalence presents, the Ninth Pan-American Sanitary Conference, taking into account the importance of the fight against venereal disease passed the following resolutions:

1. To recommend to the sanitary authorities an intensification of health education to give greater publicity to the concept of venereal disease, and to awaken a collective conscience which will promote consideration of these diseases as in the case of other diseases communicable in character.

2. To recommend that the general prophylactic units (clinics) shall contain an anti-venereal prophylactic service and that the

treatment of these diseases shall be especially stressed in all services handling the various specialties.

3. To recommend to the sanitary authorities that they formulate laws regarding venereal prophylaxis, reserving obligatory reporting for those cases which abandon treatment without permission, and containing regulations which shall protect both wet nurses and infants from infection during breast feeding.

4. To recommend in all possible ways to reduce the cost of anti-syphilitic drugs and to promote their gratuitous administration.

5. To recommend the establishment of prenuptial consultation and clinics under the direction of the sanitary authorities in the anti-venereal campaign.

6. To recommend to the various countries the study of granuloma inguinale.

7. To recommend that the printed sanitary orders relating to supervision of prostitutes shall not be couched in opprobrious language.

The Conference thus set forth its recognition of the seriousness of the venereal disease problem, the difficulty of devising effective methods of meeting it, a general plan of rational legislation, the provision of adequate facilities both for prophylaxis and treatment and the essential importance of organized publicity and health education.

As yet none of those countries visited showed any well developed mobilization of the social program but gave evidence of ample appreciation of its importance by those directly responsible for the promotion of public health.

Prevalence of Syphilis and Gonorrhea in the General Population.—

On good evidence it is believed that at least 5 per cent of men, women, and children in the United States are infected with syphilis, a higher rate in some communities, a lower in others. This means there are 6,000,000 sufferers from this disease. Two to three times as many have gonorrhea. Probably 1 case in 9 of syphilis and 1 in 25 to 40 of gonorrhea are under appropriate treatment for their infections. An enormous unknown number are not treated at all, are seeking "drugstore treatment," or quack practitioners.

EDITORIAL

AN OPEN LETTER TO MEMBERS AND CONTRIBUTORS, FROM THE PRESIDENT OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION *

Probably the past three years have been more difficult for the social hygiene movement than any others since the War period. In those years, the Government claimed the Association, its resources, and personnel. That period brought about the abandonment of existing plans and necessitated the rapid adoption of new ones. It advanced social hygiene rapidly and secured nation-wide recognition and extensive appeals to the Association for guidance. Since 1931, the movement has been going through an analogous experience. There are, however, certain outstanding contrasts between the two periods. During the War, contributors saw to it that sufficient funds were available, and the public accepted whatever the Government and its authorized voluntary agencies attempted to do in the interests of national mobilization for the emergency. In these recent years, the Association's income from large contributors has been markedly reduced; small contributors have fallen off; and federal, state and local government appropriations have likewise been diminishing. The public has been absorbed in the obvious relief and unemployment problems without realization of what lost ground in the social hygiene field will mean in future years and to future generations. Inevitably, the medical and public health control of syphilis and gonococcal infections has assumed added national importance as it did during the War. The governmental agencies have recognized this, but have neither money nor popular support to meet fully the situation. Adequate social hygiene education and training for family life, and the protection and maintenance of favorable environmental conditions have been handicapped. In mentioning this contrast, however, I am disposed to stress the vitality of the

* Abstracted from the President's Address at the Annual Meeting, January 29th, 1935.

movement and the encouraging extent to which good work has been performed, rather than the shrinkage of funds and administrative difficulties encountered in the past three years.

In presenting to you* the twenty-first annual report of the Association, I am reminded of the first presidential address by President Charles W. Eliot. The purposes of the new organization were set forth clearly by Dr. Eliot, who said in conclusion:

“These being its objects and aims, and its conceptions of public service in the field of social hygiene, the Association invites men and women in every part of the country, who are of this mind, to become members of the Association, and to support its work.”

The record of accomplishments reported year after year since 1914, constitutes the most conclusive evidence of the Association's value and leadership in its field, and the most convincing justification of further effort to enlarge its membership and maintain its support.

If I am right in my reading of what has transpired and what is to come, the Association has successfully played its part in making the public aware that syphilis and gonococcal infections are among the major communicable diseases against which medicine and public health will advance steadily during the next twenty-five years.

It has surveyed commercialized prostitution in representative areas of every state, and has demonstrated the measures by which communities may control these practices and promote community protection. The extended application of these measures may be counted upon confidently when the present emergency has passed.

It has permanently planted the matter and method of bringing about those needed educational changes which President Eliot described as touching “first parents, then teachers, then adolescents, and lastly children.”

These children have come of age in a troubled world. As one of our recent appeals to the public pointed out, “our young people now find neither the opportunities nor the encouragement which their parents enjoyed for early marriage and home-making. They find little help in solving their

* See pages 133-153.

problems of postponed marriage or in planning successful lives if they must renounce marriage and parenthood. Those who have married and find themselves without adequate means to support a family are facing other questions for the solution of which they need competent advice and sympathetic understanding. The Association should give particular consideration to cooperative projects aimed at helping these young people."

Therefore, in conclusion I am moved to recommend that we make special efforts during the coming year to increase our membership in every part of the country, and among every class and professional group of the population, and that we concern ourselves that the attention of new members shall be directed not only toward continuing our influence in the medical and health conservation fields and other established phases of our work, but particularly along lines calculated to achieve the greatest results in education for marriage and family life.

EDWARD L. KEYES, *President,*
The American Social Hygiene Association.

"We are prone as a people to become enthusiastic about tuberculosis, social hygiene, or whatever the interest of the day may be, to get ourselves converted to the principles and then to think the thing is done. We have accomplished much in the control of tuberculosis, but we haven't half finished that task. Only 25 per cent of patients discharged from tuberculosis sanatoria are well and earning their living five years afterward. We haven't followed through, and there is danger we may not follow through on this social hygiene program. We have made a beginning and we must not drop it now. The next ten years are going to be crucial ones. The fight has just begun."

C.-E. A. WINSLOW

NEWS AND ABSTRACTS

THE ASSOCIATION'S ANNUAL MEETING

The Association celebrated its twenty-first anniversary pleasantly, a goodly number of members and delegates joining the Committees and Board of Directors at the offices at 50 West Fiftieth Street, New York City, on Tuesday, January 29th. In response to the invitation issued in the *Social Hygiene News*, groups assembled for informal conference and discussion in the morning and in the afternoon previous to the Annual Business Meeting. With members of the staff as leaders, discussion was held on various topics proposed by those present. An informal social luncheon was also held.

In addressing the Business Meeting, called to order at 4 o'clock, President Edward L. Keyes presented a brief address* and supplemented this by references to specific achievements in the Association's twenty years' history, referring particularly to the difficulties attending progress in the last few years of financial stringency, and sounding a vigorous call to the members and contributors to assist in expanding support of the program. The reports from the Board of Directors and standing Committees, the substance of which is indicated in the following abstracts, quotations, and comments, will perhaps give a better picture of the Association's work and the meeting, than publication of the minutes.

Report of the Board of Directors—EDWARD L. KEYES, *Chairman*.

The Board of Directors commends to the membership both the quality and extent of activities which the standing committees and staff of the Association have found it possible to carry on during the past year under extreme difficulties and limitation of funds. . . .

In accordance with the proposal presented last year, the national offices of the Association have been removed to 50 West 50th Street, New York City, Room 922, R. C. A. Building in Rockefeller Center (including rooms 911, 930, and *pro rata* space occupied by the National Health Council's Library and other common services). The

* See pp. 130-132.

Board feels that this transfer of the Association, together with similar transfers of all the member agencies of the National Health Council, has been distinctly advantageous. The Association is indebted to the management of Rockefeller Center for very satisfactory terms and many courtesies in connection with the new office.

The program and budget of the Association for 1934 are submitted for comment and revision at this time. The members of the Board, however, are of the opinion that both the budget and the planned activities for 1935 have been carefully considered by the Executive Committee and merit support. The only conditions, which the Board itself has been disposed to make, have to do with quarterly revisions and limitation of expenditures from month to month to the amounts of money which can be secured during the year.

The Board feels that special comment should be made upon the devoted services and morale of the staff during 1934. Reduced compensation, long hours, increased responsibilities, and fatiguing field work have characterized the working conditions for practically every member of the staff who has been retained for full-time duty throughout the year. In addition, it has been necessary to place several members of the staff on furlough for varying periods without pay; and the appointments of some members of the staff have been terminated. In spite of these serious difficulties and handicaps, steady and notably useful work has been carried on, and all the members of the staff stand ready to perform similarly unselfish and effective service with the Association in the coming year.

The Board has no specific recommendations to present to the membership at this time, but feels that it may be wise to sum up certain points of view which have governed the making of the program for the coming year.

It is believed that the first business of the Association is to maintain a national office equipped with authoritative information upon what is being done or planned in the field of social hygiene throughout the country. This requires an extensive correspondence, observational trips of officers and members of the staff, attendance at various meetings and conferences, and studies of new methods promising improvement over existing measures and facilities. In addition, it is believed that consultation services of staff members and consultants are important, particularly in the fields of medical and public health work, legal and protective measures, and social hygiene education and training. The encouragement of research has been and should continue to be a useful field of endeavor.

Two proposals of the Executive Committee seems to be of unusual importance at the present time. The first of these relates to the setting up of a publications service for the purpose of handling, on a self-supporting basis, the *JOURNAL*, *News*, pamphlets, and other mass education material. It is believed that certain economies, together with increased effectiveness in distribution and use of these materials may be brought about in this way.

The second of these proposals has to do with greater effort to inform and interest the younger men and women from whom community leadership may be expected in future years. This Associa-

tion is now twenty-one years old. Many of its trusted and outstanding leaders have died, and many more during this period have found it increasingly difficult to give personal attention to policies, continued financial support, and active leadership of the national and local work of the Association and cooperating agencies. It is considered necessary in these changing years to enlist so far as possible the sons and daughters of the contributors, members, and officers of the national, state, and local social hygiene societies and committees. Unless this movement can count upon such steady recruiting generation after generation, social hygiene in its larger significance cannot hope for the maximum influence of which it is capable.

Following the decision a year ago to reduce the law enforcement activities to a minimum and practically to eliminate vice investigation activities unless they could be made self-supporting, the Board urged the Executive Committee to study questions of similar limitation of the social hygiene education program, and the extension work devoted to demonstrating the need for and the building up of local voluntary agencies. The decision of the Executive Committee to take action at this time in these two fields along the lines applied to the law enforcement and protective measures has the approval of the Board; because it is believed that more effective work, for the present at least, can be done by the members of the staff thus freed from routine field duties.

It would seem fitting to suggest that the Association express in the form of a resolution its special appreciation this year for the generous and continued financial support and the friendly personal interest and guidance which have been given by contributors.

Also the Board would commend for your consideration the recommendation of the Committee on Credentials that a special vote of thanks be extended to the active members for their increased personal participation and leadership in state and local social hygiene programs.

Executive Committee—MAURICE A. BIGELOW, *Chairman*.

The year has been marked by more demands for the Association's assistance to state and local agencies, both voluntary and official, than have been presented in any previous year. These demands have been characterized by less ability or willingness to provide any part of the expense involved than in previous years. This situation can be readily understood in the light of the prevailing conditions throughout the country. The Committee has found it difficult to choose among these appeals as an unusually large proportion of them have been of unquestioned importance and urgency. Selections have been made, however, and necessary services rendered within the limitations of personnel and operating expense.

The established activities continued from past years have included—

(1) *The public information and extension service.* Lectures, exhibits, institutes, loan library service, and distribution of pamphlets

and motion picture films have been employed in this part of the work. While some of these activities, particularly the lectures and institutes, have had to be cut down 25 to 50 per cent from previous years, they have served to hold the cooperating agencies and groups together and support the public authorities.

(2) *Medical and public health consultation and field work.* Particular emphasis has been placed upon professional and technical consultant services to health departments, medical and nursing groups, and other health agencies dealing with the various aspects of diagnosis, treatment and after-care of syphilis and gonococcal infections. The Association has played an important part in the safeguarding and retention of activities along these lines, the results of which may be forecast in lower morbidity and mortality in future years.

(3) *Educational activities.* Although the work with universities, colleges, normal schools, summer schools, and public school and community groups has had to be greatly curtailed, an effort has been made to accept the most important of the appeals for cooperation. Attention has been given particularly to participation in parent-teacher programs, instruction in training institutions, and institutes for professional groups.

(4) *Legal and protective measures.* This work has been cut down more extensively than any other part of the program during the year, due to lack of money both nationally and locally, and to the special difficulties of securing or utilizing voluntary local workers in this technical field. Nevertheless, vice investigations of importance have been carried out in a score or more of strategic population centers, and a lecture program has been carried on for the purpose of promoting interest in and local study of the prevention of sex delinquency and the rehabilitation of delinquents, and for the support of the work of policewomen, probation officers, visiting teachers and community recreation leaders—whose activities are of importance in promoting wholesome use of leisure time and the minimizing of sexual promiscuity. The staff has contrived also to carry on additional activities for repressing obscene and other objectionable literature and objects in the social hygiene field.

(5) *Cooperative projects.* Among these, special mention should be made of the Conference on Education for Marriage and Family Social Relations. This notable conference was held at Teachers College, Columbia University, in July, subsequent to preparatory work in cooperation with groups in many parts of the United States; and has been followed by active group discussions and the making of plans for regional meetings during the coming year.

The extent and diversity of cooperative arrangements with national, state, and local voluntary and official bodies has not been greatly lessened during the year, but the volume of activities has been reduced and much greater dependence has had to be placed on voluntary services which could be utilized without much money for travel, new printing, or other expenditures. The Committee recognizes that in certain ways this increase of earnest, voluntary effort is

an advantage and is calculated to stimulate more active participation of the younger generation of citizens.

Some question has been raised by members of the Association about the wisdom of again emphasizing the medical and health aspects of the social hygiene movement. However, decreased family income and inability to pay for private medical services have combined to add greatly to the demands for free medical and consultation work, particularly with reference to syphilis. Concentration on aiding communities to solve this problem has inevitably brought about assignment of a large part of the Association's personnel and resources to this medical and health service.

During the year, the necessity for the Finance Committee to require the Executive Committee to reduce the budget by approximately \$100,000 has resulted in the loss of valued and experienced personnel, and a decision by the Committee to make certain recommendations for 1935 as follows:

First, that the Association concentrate upon maintaining a national office equipped with authoritative information upon what is being done in the field of social hygiene throughout the country.

Second, that consultation services in the respective fields of social hygiene be maintained so far as possible—including especially medical and public health work, legal and protective measures, and education and training.

Third, that special effort be made to inform and interest the younger generation of men and women from whom community leadership may be expected.

Fourth, that a publications' service be set up for handling the JOURNAL, News, pamphlets, exhibits, and other mass education material on a self-supporting basis so far as possible.

Fifth, that lecture and field work in law enforcement, education, and extension be limited to a self-supporting basis, except where the Executive Committee has special reason to believe that non-reimbursable assignment of the Association's personnel and funds will be productive of important gains which justify the outlay.

Sixth, that as soon as practicable during the year 1935, the program be reduced in line with these recommendations to an estimated total of expenditures within the income which can be assured by the Finance Committee.

The Finance Committee—TIMOTHY N. PFEIFFER, *Treasurer*.

The Finance Committee has reported at each meeting of the Executive Committee upon the resources and financial prospects of the Association. The Auditor has made a progress report during the year and has submitted his final report to the Treasurer.

The Committee has made a good many experiments in attempting to raise money, and believes that what was said a year ago still

obtains, namely, "while the Association occupies a field second to none in importance to human health and welfare even in the present emergency, its appeal for support as a national association cannot wisely be dramatized for the general public in such a way as to arrest the attention of the average citizen distracted as he is by taxes and voluntary claims upon his diminishing resources for unemployment relief and urgent community needs." For example, an attempt to present publicly the real story of *The Hundred Neediest Cases* among syphilis patients, or to use other familiar methods of publicity, would probably fail or produce a syphilophobia; yet a widespread consciousness of just such tragic consequences is essential if we are to finance the major portion of the Association's budget by a large number of small gifts instead of a small number of large contributions. The policy of past years of depending upon large contributions from individuals who saw the long range values of such an organization, and upon an active membership of interested community leaders to promote the application of the necessary measures, has fully demonstrated its value in safeguarding the movement from exploitation by irresponsible reformers and also from ultra-conservative groups. The method of financing has made it possible to adhere to the policy laid down at the beginning in these words quoted from President Eliot's first annual address:

"Since its field of work is a very difficult one, in which the best intentions might fail to produce any beneficial result, it is desirable to make clear to the public not only the objects and aims of the Association, but also the means by which it intends to pursue them; and since active work in its field is apt to excite apprehension or even strong antagonism in the minds of excellent people, it is quite as desirable to indicate what the Association does not mean to do as to describe the positive action it hopes to take."

It is believed that under the circumstances, the deposit of over \$101,000 in the Association's treasury during 1934 and the securing of approximately \$15,000 of additional expenditures by other agencies upon cooperative projects, is an encouraging record. In saying this, the Committee recognizes, of course, that it has failed by approximately \$10,000 to raise the amount considered as necessary expenditures by the Executive Committee. In this judgment of necessary expenditure the Finance Committee concurred and released for the purpose of balancing the budget the reserve and memorial funds carried over from 1933.

The Finance Committee has raised no objection to the recommended budget of \$130,000 for 1935; but understands that the Executive Committee agrees not to incur any actual expense beyond the total of moneys paid into the treasury or resources held by the Treasurer in the form of negotiable pledges; and understands furthermore that the Executive Committee proposes to continue its division of the program and budget under the three major groups of expense hitherto obtaining, namely: (1) the national office, estimated

roughly at \$50,000; (2) established services, \$50,000; (3) cooperative projects, \$30,000.

The Finance Committee agrees during the coming year to try additional experiments in securing a larger number of small gifts and memberships.

The General Advisory Committee—

The loss of its Chairman, Dr. William H. Welch, early in the year has been a severe blow to this Committee and its activities. Until his final illness, Dr. Welch was a wise counselor upon the policies and work of the Association. After his insistence upon retirement from the presidency of the Association, he never ceased to visit the office or arrange for appointments to advise with the General Director, the President, or other officers of the Association whenever he was in New York; and always he could find time in Baltimore for any of the staff who were passing through that city. No suggestions have been made as yet for appointment of his successor, but the members feel that it is important to secure as soon as possible some one who can give the Committee leadership and guidance such as Dr. Welch gave. The Committee earnestly supports the resolution upon Dr. Welch and his service to the Association which has been prepared by the Resolutions Committee.

During the year, many matters have been brought to the attention of members of the various sections of the Committee, and the usual advice and participation of individual members in dealing with these questions has been forthcoming. One matter relating to the powers and limitations of practicing physicians, growing out of the deliberations of the Board upon the resolution brought to its attention by the Executive Committee, has been left in the hands of the Resolutions Committee with such comments as have been received.

In common with the membership of other standing committees of the Association, the members of this Committee have been sorry to observe the steady decline in the Association's income in recent years. This trend, however, seems to be due to financial difficulties in which the general population of the country finds itself and not to be due to lack of interest or desire to support further progress in the various fields of social hygiene. Various sections members of the Committee have devoted a good deal of thought to ways and means of securing income, cutting down expenditures, and safeguarding the most essential activities of the movement.

No recommendations have been formulated for presentation at this time and no additional observations are necessary except to say that a good many members of the Committee are interested, as have been the members of the Board of Directors and the Executive Committee, in promoting in every way consistent with the best interests of the Association closer affiliation of the member agencies of the National Health Council, and possibly a merger of some of these agencies. The anticipated report by Professor Hiscock, of Yale University, upon

this whole problem of maximum administrative efficiency and influence of national health agencies will be awaited by the Committee with keen interest and the hope that a feasible plan of attaining such objectives will be presented to our Board of Directors for careful consideration and adoption.

The Committee on Credentials, serving also as the Membership Committee—SUSAN D. HERTER DAKIN, *Chairman*.

The Committee has continued during 1934 to serve as the Membership Committee and has prepared for record and filing membership data, the high points of which are as follows:

The Association now has on its lists, 9,601 names distributed as follows: Individual active members 1,381; life members 30; joint members 168; society members 19; library members 175; honorary members 29; corresponding members 553; collaborating members 4,317; foreign members 177; JOURNAL subscribers 106; contributors not otherwise listed 246; members whose status is pending 2,400.

The Committee noted in 1933 a decrease in the number of new members secured as well as a decrease in total membership. It is encouraging to report that during 1934, 463 new members have been added, which compares favorably with 507 new members in 1931 and 609 in 1930; the number of new members in 1929 was 887. The distribution of membership by states has not varied greatly in percentages.

The Committee has kept in close touch with the Executive and Finance committees; and has recommended that additional funds be made available for the use of the Committee in adding to the membership in all the larger cities and states. It is believed that if more attention can be given to this matter and if greater effort be devoted to enlisting the active interest of young men and women, more extensive and effective voluntary work can be stimulated.

The Committee has agreed with the Executive Committee that the annual dues of members to the extent of two dollars received for each membership of whatever class may be allocated to the underwriting of the publications service which the Executive Committee has decided to establish.

Finally, acting in its capacity as the standing Committee on Credentials, the Committee reports a quorum of members present at the annual meeting and qualified to vote on all matters presented for action.

Committee on State and Community Relations—THOMAS PARRAN, JUNIOR, *Chairman*.

As in previous years, the Committee on State and Community Relations has approved for expected publication in the JOURNAL a summary of information collected upon social hygiene activities in the United States; and some references to outstanding activities in possessions of the United States and in foreign countries and their dominions and possessions. This summary is available for reference in connection with the report.

The members of the Committee have been impressed and encouraged by the evident earnestness of the struggle which has been made by Federal, state and local governmental agencies as well as voluntary organizations in their efforts to retain personnel and appropriations assigned to social hygiene activities. That these efforts have not been wholly successful in 1934 is a matter for regret. The public will necessarily have to pay in future years and in the health and happiness of coming generations for the economies which have been effected in recent years. This is, of course, not to say that such economies have been unnecessary; and the important fact to bear in mind would seem to be that in no part of the country is there evidence that the campaigns against syphilis and gonococcal infections and the programs for promoting educational and community protective measures have been completely dropped. On the contrary, as will be seen from the reports collected for the Committee, there is a general conviction that such work must be kept alive and again expanded as soon as practicable.

It is believed that the American Social Hygiene Association in cooperation with all voluntary health and welfare agencies should do its utmost to bring about full public recognition of the influence of ill-health as a factor in impairing the *security* of the individual and the family; the importance especially of the venereal diseases in this regard; the hope that social security measures will deal with this aspect of the problem through federal funds and leadership in aid of state and local health authorities.

Under the restrictions necessarily adopted by the Executive Committee, the General Director has concentrated the field work of the staff specially assigned to extension work to a series of selected states. The following notes illustrate and summarize the purposes in selecting these states and the general activities carried on in them:

In *Illinois*, the Division of Child Hygiene and Public Health Nursing of the State Department of Public Welfare again requested a block of Mrs. Wood's time and carried on with the state-wide lecture and organization work stated in 1933. A three months' program was arranged and many communities included. So many requests were received by the Division which it was not possible to include in the spring program that an additional two weeks' time was requested in December. As a result of this project, a beginning was made on organization of committees in Alton, Harrisburg, Springfield, Bloomington, and Evanston; and there are prospects of other groups.

In *Wisconsin*, Mrs. Wood addressed the Wisconsin Congress of Parents and Teachers at their annual meeting in May. As a result of a talk given by her last year in Milwaukee, the Catholic League of Home and School Associations requested two days in December which were spent with the Home and School group, the teachers, nuns, and high school girls.

In *Ohio*, Mrs. Wood spent several weeks during the year at different times in Cleveland and vicinity, and in addition to speaking engagements met with local leading groups interested in social hygiene activities. The Cleveland Social Hygiene Association presented a

budget of \$8,000 to the Welfare Federation with a view of resuming an active program in 1935, but the Community Fund campaign not being successful in reaching its goal, no funds are available. The Cleveland Health and Parent Association and the parent-teacher associations are carrying on an active educational program.

In the state of *Pennsylvania*, Mrs. Wood gave a course at the summer school of Family Relations at Dickinson College, Carlisle. This course, sponsored by the Federation of Pennsylvania Women and attended by many representatives of women's club groups, caused a demand for a lecture service which required Mrs. Wood to spend four weeks in various Pennsylvania communities in the fall.

In *West Virginia*, Mrs. Wood addressed the State Congress of Parents and Teachers at their annual meeting and did some work in the colleges. Requests have come in for lecture service for 1935.

In *Vermont*, Miss Pinney participated in a series of county-wide meetings to bring together representatives of the different women's organizations for the purpose of program-planning. This brought social hygiene to new groups all through the state. Miss Pinney also addressed the Federation of Women's Clubs at its annual meeting in May, and participated in the State Conference of Social Work in Burlington in October. The Vermont Social Hygiene Council, organized in 1932, but never functioning actively, was dissolved by the chairman, Dr. Charles F. Dalton, State Commissioner of Health, in October, 1934.

In *New York*, several committees have begun activities under the stimulation and with the cooperation of the New York Committee on Tuberculosis and Public Health and the American Social Hygiene Association. Committees are now functioning in Albany, Buffalo, Niagara Falls, Rochester, Schenectady, Syracuse, and Utica. In *New York City*, the Association has continued to cooperate with the Social Hygiene Committee of the New York Tuberculosis and Health Association and the Greater New York Social Hygiene Council, which now includes 23 agencies.

In *Texas*, the Houston Social Hygiene Committee was organized in February, as a continuation of the Special Committee on the Protection of Girls, of the Council of Social Agencies, with Dr. Valeria H. Parker of our staff as Acting Executive Secretary. A survey of vice conditions made in January by the American Social Hygiene Association showed open conditions of prostitution and street solicitation. In an effort to gather public opinion in support of the improvement of these conditions, the committee arranged during the year four institutes and presented social hygiene subjects before 200 audiences including church, civic, educational and cultural groups, and Negro and Mexican audiences. As a result of the widespread educational publicity, the city administration declared its support of the program, appointed a trained social worker, Miss Ann Carmichael of Detroit, as policewoman, and is about to provide an adequate detention house and medical care for women prisoners, most of whom are now released with small fines. The Houston Community Chest has agreed to support the Committee's program for 1935. An executive secretary, Miss Sybil Campbell, has been appointed. She will be especially concerned

with protective case work, as more than one-half of the prostitutes operating in Houston are under 25 years of age, commencing their activities when of junior high school age. A Regional Conference and Institute was held in December in which the Houston Committee cooperated. Two hundred persons registered.

In addition to Dr. Parker's work with the Houston Committee, she gave lectures during the year in San Antonio, Galveston, Freeport, Bay City, Waco, Texas City, and other cities in Texas. (See also Oklahoma.)

In *San Antonio*, a committee especially interested in law enforcement is in the process of organization.

In *Oklahoma*, Dr. Parker addressed the Oklahoma State Conference of Social Work in *Tulsa*. This was followed by a request for assistance in organizing an Institute on Social Hygiene. In Stillwater, a post-graduate course in social hygiene was given at the Summer School of the Home Economics Department, State Teachers College. Dr. Parker also participated in the program of the State Child Welfare Conference, at the State College for Women, at *Chickasha*. In *Oklahoma City*, the parent-teacher council arranged a full day's program, as a result of which request for further organization work has been made.

The work of other members of the staff also contributed to extension work; but the efforts indicated in the preceding section were particularly related to plans for building continuing organizations or committees in the states mentioned.

Under the present circumstances and financial limitations, the Committee approves the General Director's recommendation that community organization and related field work be adapted to such services as the general staff can render during 1935. It is recognized that the elimination of specially assigned personnel will slow down progress and prevent desirable extension of the work, but the proposed action seems to be clearly in the best interests of the social hygiene movement as a whole.

The Committee commends to the Board the fine spirit and the effective work of all the members of the staff who have been assigned to community organization activities. The Committee recognizes the added difficulties which have characterized the work in 1934, and hopes the Executive Committee may find opportunity in future years to take these into consideration in fixing the terms of reappointment and advancement of members of the staff concerned.

The Committee on International Relations and Activities—RAYMOND B. FOSDICK, *Chairman*.

An active international correspondence has been carried on by the staff or directly in the name of the International Committee throughout the year. This correspondence has centered particularly about the trends of prostitution in the United States and medical care for persons infected with syphilis and gonorrhea. Many questions have arisen also from the personal contacts which have been built up in past years with officers of governmental and voluntary agencies deal-

ing with all the phases of social hygiene embraced in this movement in the United States.

During the year, as usual, the Association has given a good deal of attention to international visitors. For example, Dr. Ernest I. Grin spent some months in the office of the Association studying the venereal disease programs of states, cities, and voluntary agencies and carrying out a series of field trips to visit laboratories, clinics, and medical services dealing with syphilis and gonorrhea in selected centers. Dr. Grin is an officer of the national government of Yugoslavia. The supervisory activities of the Association in relation to his studies in the United States were a part of the cooperation of the Association with the Rockefeller Foundation's International Health Division. The Committee has noted accounts of other visitors to the office from many countries of Europe, of the Orient, of South and Central America; and has received encouraging reports of activities in many countries.

The Committee has been interested in and has approved efforts of members of the staff to aid certain German physicians who have come to this country as a result of conditions in Germany. One of these has found opportunity to continue what promises to be valuable researches on the gonococcus at an eastern university. Funds have also become available to make possible the pursuing of important research by another outstanding scientist at a middle western university.

The Committee has noted with satisfaction the increasing foreign use of films and exhibits of the Association. Our motion picture films, such as *Modern Diagnosis and Treatment of Syphilis* and the *Gift of Life* have been used by additional countries and agencies, such as the Ecuador Red Cross and the government of Colombia, S. A., and in Japan. Some time has been devoted also to sending data to agencies or individuals in other countries upon special problems such as syphilis from the economic point of view for use by Dr. Cavaillon of the French Ministry of Health and secretary of the International Union for Prevention of Venereal Disease; social hygiene in relation to Pan-Pacific countries, for use by the Mainland Committee of the Pan-Pacific Women's Conference in Hawaii last summer.

No general officer or member of the Board of Directors was appointed for personal representation of the Association in foreign countries during the year. Mr. Bernard Flursheim, who is an American resident in Paris, was again designated as delegate of the Association to the Union Internationale contre le Pêril Vénérien, to attend the meeting in May, 1934, at Madrid. Mr. Lewis H. Carris, of the National Society for Prevention of Blindness, was requested to represent the Association in calling upon a number of national agencies in Europe in connection with his trip to a meeting of the International Society for the Prevention of Blindness.

Mr. Bascom Johnson went to Geneva to attend the annual sessions of the Advisory Commission on the Welfare and Protection of Children and Young Persons, of the Social Section of the League of Nations. Only one other member of the staff was in Europe during the year—Dr. Ruth B. Thomas. She visited France, Germany,

Austria, and cities in certain other portions of Europe, to secure data upon researches upon the gonococcus and gonococcal infections.

Regarding Mr. Johnson's continued membership upon the Advisory Commission on Traffic in Women and Children, our Committee desires to commend his successful work and to advise his continued participation. The Committee understands that it was possible for Mr. Johnson to go to Geneva this year only because the Bureau of Social Hygiene generously provided a special fund for certain substitute personnel during his absence. This supplemental aid was certainly of great value to the League of Nations as well as to the Association. It should be noted that the League provided travel and maintenance expense for Mr. Johnson. Since that time, the General Director informs the Committee, Mr. Johnson has collected information upon a series of questions posed by the League of Nations having to do with various aspects of commercialized prostitution, such as the rehabilitation of prostitutes and prevention of women entering lives of prostitution, and this material has been sent to Geneva.

The activities reported by the General Director from time to time, dealing with Porto Rico, the Panama Canal Zone, Hawaii, and other possessions of the United States are of interest to the Committee. It is recognized that lack of funds has greatly limited the activities and influence of the Association in these important population centers, and the Committee has no concrete suggestions to make at this time. It is, however, hoped that in future years the Association may resume some of this work to which it has given attention in past years.

Committee on Resolutions—IRA V. HISCOCK, *Chairman*.

The Resolutions Committee has served during the year in an advisory capacity to the President, the Board of Directors, and the General Director. A large number of requests are received by an association such as this for endorsement of resolutions of other organizations dealing with one phase or another of social hygiene. Frequently some question of considerable importance arises in relation to policy or commitment of the Association to some line of action. While most of these questions can be dealt with informally through correspondence between the members of the Committee and the officers or other committees concerned, occasionally more formal consideration and action are required. In dealing with such matters, the Committee has made many efforts to work out a simple method for securing the consensus of opinion of the members of the Association upon a specific proposal or policy.

The report then referred to difficulties in securing definite opinions from such a large and widely distributed membership; and asked for discussion of the basis on which the Committee might proceed in future to prepare resolutions authoritatively representing the Association's views and policies on unsettled questions and matters of

divided opinion. Discussion centered about a resolution* on the current limitations placed on radio broadcasting of social hygiene subjects. The consensus of opinion of the members present seemed to be that the Resolutions Committee should proceed as in the past to take such measures as it may deem helpful to secure individual or group evaluations of proposed resolutions, and then as a committee to present recommendations to Association Meetings or the Board of Directors for official action. Approval in principle was given the radio broadcasting resolution; and it was referred to the incoming Resolutions Committee for further study and revision. No objection, however, was raised to continuance of the policy of notifying the membership through the *News* of proposed actions on resolutions as well as other matters, the assumption being that unless members replied to the contrary their assent to action by the Board of Directors would be assumed.

The remainder of the report and discussion were concerned with the following resolutions:

Your Committee desires to record the sense of loss which all the members have experienced on learning of the deaths of Dr. William H. Welch, Dr. Wendell C. Phillips, Mr. R. Fulton Cutting, Mr. George D. Pratt:

William Henry Welch died on April 30, 1934, in his eighty-fourth year. During the World War and immediately afterward, Dr. Welch served as President of the American Social Hygiene Association. Since 1925 he had been Chairman of the General Advisory Committee, and since 1927, our Honorary President. Bare words cannot express the sense of sadness we feel in his passing, or the pride which comes to us in the knowledge that he was a leader in the social hygiene movement and always a loyal and generous friend of the national association. Of him it might have been said, "When a person like that dies, an impoverishment falls upon us; the texture of life seems thinner."

Wendell C. Phillips, eminent as physician and teacher, long an active member of the General Advisory Committee of the Association, died November 16, 1934. Himself a profound scientist, he ever persisted in his efforts to bring the benefits of science closer to the public. He gave freely of his time and thought to the cause of popular health education and public health organization.

Robert Fulton Cutting, a Founder of the American Federation for Sex Hygiene and our Honorary Vice President from 1914 to 1919, was known in the early part of the century as "the first citizen of New York." He was a man of great originality in thinking, a courageous and far-visioned leader. He was a pioneer in research for good government, in public health efforts on behalf of children, in promotion of better housing for persons of small incomes, and many other movements

* As this resolution was recommitted to the Resolutions Committee, and as the subject will be dealt with later in the *Journal*, it is omitted from these Abstracts.

for the welfare of humanity. His death occurred September 21, 1934.

George Dupont Pratt, from 1918 to 1928 a member of our Board of Directors, died on January 20, 1935. A lover of out-of-door living, with a tremendous concern for the beauties and uses of Nature's great gifts, he will perhaps be best remembered for his services in saving for his own and future generations the forests and trees, the mammals and birds, and other natural resources of his State and his country. He was as well a patron of art in many and varied fields, an active leader in the Boy Scout movement, and a generous donor to many philanthropies.

Be it RESOLVED, that these statements be spread on the minutes with profound regret that the Association has lost the leadership of these pioneers of the movement.

The Committee presents for adoption the usual resolution concerning the acts and proceedings of the past year:

RESOLVED: That the acts and proceedings of the Board of Directors, of the Executive Committee, and of the officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

The Committee believes, also, that the records of the year warrant the following resolutions:

RESOLVED: That the members of the Association record their special appreciation this year for the generous and continued financial support and confidence of the contributors; and

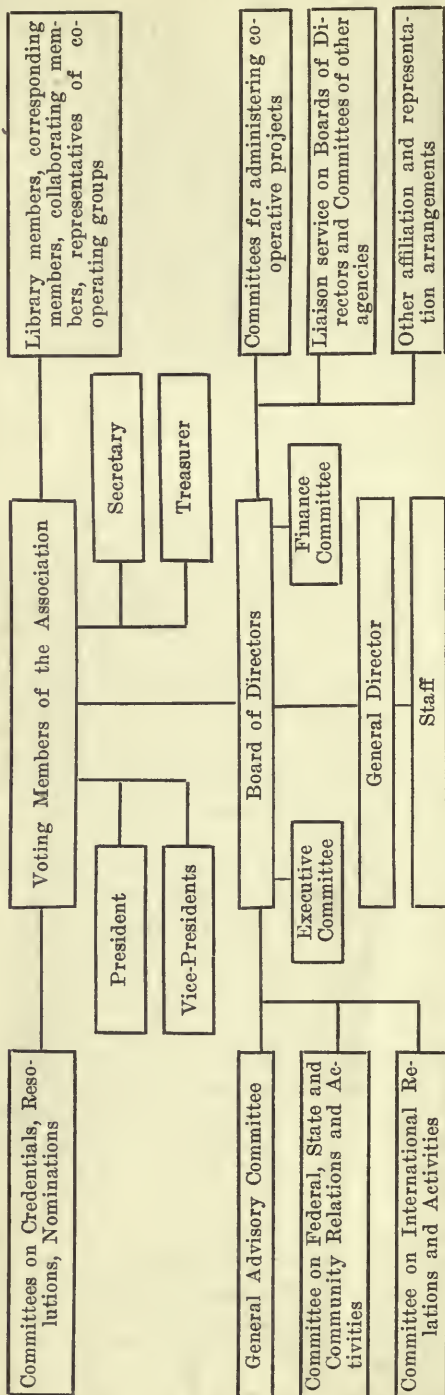
Be It Further RESOLVED: That a vote of thanks be extended to the active members for their increased personal participation and leadership in state and local social hygiene work.

RESOLVED: That the members of the Association assembled in regular annual session, January 29, 1935, after due consideration, do hereby authorize the Board of Directors to proceed with further study of relationships with the National Health Council, its member agencies, and other organizations, and to take such actions as may be deemed advisable in promoting the social hygiene movement through such relationships, including, if necessary, revision of the organization and administration of this Association, and any mergers of its activities with those of the other agencies concerned.

Report of the General Director, WILLIAM F. SNOW

The January, 1935, number of the JOURNAL contained a series of articles based on this report and its supporting documents; and gives a fairly good picture of the program and budget for the current year. So many questions are asked, however, about how the Association does its work, that the following diagram and brief outline were prepared to give at least a partial answer to this question.

AMERICAN SOCIAL HYGIENE ASSOCIATION



<i>Public Information and Extension</i>	<i>Medical and Public Health Activities</i>	<i>Legal and Protective Activities</i>	<i>Education and Family Relations Activities</i>	<i>Membership, Finance, and Administration</i>
<ol style="list-style-type: none"> 1. General Correspondence 2. Pamphlets, Exhibits, Films 3. Publicity, press releases, special articles 4. Journal of Social Hygiene and the News Service 5. Lecture and Field 6. Regional Conferences and Institutes 	<ol style="list-style-type: none"> 1. Medical and Public Health Correspondence 2. Technical Articles and Lectures 3. Consultation Services 4. Studies and Demonstrations 5. Promotion of Research 	<ol style="list-style-type: none"> 1. Legal Correspondence 2. Special Lectures and Technical Articles 3. Legislative and Law Enforcement Studies and Advice 4. Investigations 5. Field Service 	<ol style="list-style-type: none"> 1. Educational Correspondence 2. Program Materials and Special Articles 3. Consultation and Lectures 4. Family Counseling Studies 	<ol style="list-style-type: none"> 1. Membership and Finance Correspondence 2. Extension and Community Relations 3. Tabulations and Statistical data 4. Administrative Records and Procedures 5. Quarterly and Annual Reports

How the American Social Hygiene Association Does Its Work

1. *Collection of information.* The Association considers one of its important continuing functions to be the collection of accurate information upon what is being tried and what accomplished in the whole field of social hygiene. Its files, records and reports constitute a valuable collection of source material covering not only the period of its existence (1914 to 1935) but many years antedating that period during which parts of the work were carried on by the old American Purity Alliance, the American Vigilance Association, the American Federation for Sex Hygiene, the Society for Sanitary and Moral Prophylaxis, and other organizations which contributed to or merged in the formation of the present organization. In addition, the Association has received and documented valuable material from Mr. Rockefeller, from Mr. Abraham Flexner in connection with his studies of prostitution in Europe, from Mr. Fosdick, from the War and Navy Departments and other branches of the Government, from the vice investigation commissions appointed in various parts of the United States, from the League of Nations, from other international and foreign agencies, as well as Federal and state and local health departments, and from many other sources. Complete files of material received from the Bureau of Social Hygiene covering such subjects as Dr. Katharine Davis' studies, materials from the Bureau's Committee on Drug Addictions, have been handled by the Association for use of special students in connection with similar materials received from other sources such as joint activities of the Association with the Committee on Research in Syphilis, joint studies with the National Research Council on the gonococcus and gonococcal infections; joint studies of sex education, marriage and family relations, and protection and environmental conditions.

Year by year, the Association makes an effort to add to this collection of material.

2. *Study and Preparation of Material for Use.* Having assembled source material in its field, the Association has found it necessary and profitable to classify, study, and select much of it for general use. These selections having been made, the problem of duplication of material or of summaries and reports upon it arises. This has been met largely through cooperation with universities and other agencies having students or workers interested in doing needed work for advanced degrees or as practical field experience in connection with courses, or concerned with study of materials bearing upon practical administrative problems and planning of programs in health and welfare agencies.

3. *Special Enquiries.* In connection with collection and classification of information, there develops each year a number of questions upon which more specific and up to date information is needed, the securing of which requires the planning of special enquiries. Again the Association avails itself of its cooperative relations with educational, scientific, and social institutions, to supplement its own personnel assignments for this work.

4. *The Journal of Social Hygiene, the News, and Special Publications.* The duplication and distribution of material needed in connection with current programs and activities is considered to be one of the important functions of the Association. Special reports are usually prepared in mimeographed form for consideration of the General Advisory Committee and selected lists of individuals throughout the country who are qualified in the various fields of the social hygiene movement and who, as collaborators, give the Association the benefit of their judgment and proposals, prestige of their approval of findings, and their cooperation in the further distribution of material to key people. Such material as warrants wider distribution is presented for publication in technical and popular journals in the fields of medicine, law, sociology, religion, and education. For the social hygiene special interest group much of the material or articles based upon it and adapted to non-technical audiences is published in the JOURNAL OF SOCIAL HYGIENE, in pamphlets of the Association, and in brief summaries published in the *News* and in similar publications of other agencies, in house organs, trade journals, and through the various channels of reaching the public through the press, periodicals, and other printed material.

5. *Correspondence.* An important part of the Association's program centers around the use of correspondence in disseminating information and in aiding individuals and community groups to plan and carry out social hygiene activities. Every device is used including form letters, transmittal letters accompanied by marked pamphlets, personal notes supplemented by marked paragraphs or mimeographed copies of other letters, and correspondence handled directly by the General Director, associate directors, and consultants.

6. *Pamphlets, Leaflets, and Publicity Material.* In the course of its history, the Association has evolved types of stock pamphlets which are revised from time to time and published for distribution in large quantities to be used by affiliated Federal, state and local agencies, both official and voluntary, which actively cooperate in promoting the social hygiene movement. The functioning of this activity constitutes one of the most important parts of the Association's program. Outstanding among the agencies to which such service is of value may be mentioned, by way of illustration, parent-teacher organizations, women's clubs, recreation and scouting agencies, church groups, associations of young men and women, settlement houses, health and welfare groups, fraternal organizations, labor groups, business and social clubs.

7. *Meetings.* To the extent possible, the Association has always assigned its personnel and collaborating speakers to address meetings and to cooperate in other ways in conventions and conferences of other agencies. By these means, the Association has not only presented its own field for consideration but has kept itself informed on the methods and progress of other agencies in their respective fields and has developed personal acquaintance with the leaders in such other movements. In addition, such contacts have been a steady

source of information about additional persons whom it was desirable to interest in social hygiene.

8. *Social Hygiene Institutes, Conferences, Lecture Services.* For purposes of instruction, institutes, round-table conferences, lecture series, and other devices have been used continuously with advantage in promoting education of community leaders, and enlisting active support for increase of community activities in dealing particularly with medical, educational, and protective social hygiene work. These activities require attention to preliminary planning and development, participation by members of the staff or officers of the Association and follow-up activities involving utilization of practically all the other methods of work mentioned in this outline.

9. *Consultation Service.* Perhaps the most vital of the Association's methods of work is its consultation service. The General Director, the three associate directors and consultants are assigned particularly to this part of the program, and their value to the Association is dependent primarily upon their advice and voluntary assistance in developing and studying the results and limitations of Federal, state and local social hygiene work—both official and voluntary. The history of the Association since its organization is filled with concrete evidence of the importance of a voluntary agency equipped to supplement the activities of official organizations in this field.

10. *Cooperative Projects.* The Association has chosen from the beginning to work wherever possible under and through other auspices. In the first place, it was felt that all efforts to deal with problems arising primarily from the sex instinct as it manifests itself in human life and conduct would encounter for many years obstacles which would not be met by efforts involving any other outstanding problems of education, medicine, law, religion, and sociology. This being the case, it was felt that the social hygiene movement should work, so far as practicable, through the channels of other agencies sympathetic to the movement and already established in their contacts with the general public. Secondly, it was felt that to the extent progress could be made through other agencies, it would not be necessary to build up additional and permanent machinery in the social hygiene field. And finally, work through other agencies was considered a safeguard (in the earlier years at least) against exploitation of the social hygiene movement and the development of unwise, erratic, or unbalanced leadership.

Naturally, such early team-work and affiliations led to joint activities. These have developed in the course of years to definite lines of cooperative effort of great mutual advantage. Such cooperative projects, as the Association has developed them, are divided into, first, established cooperative services, and, second, new, experimental, and temporary projects. One result of this policy has been to limit the necessity and urgency for special social hygiene societies throughout the country. In other words, when the Association attempts to show what is being done by state and local voluntary agencies in

comparison with analogous work accomplished—by state and local tuberculosis societies, for example—it has to list a great variety of social hygiene committees, conference groups, and departmental activities of other agencies, many of which do not in name or specific itemization of their objects and personnel suggest social hygiene activities. The Board of Directors, however, continues to stress this method of promotional work as sound and particularly desirable for this field of health conservation and welfare.

11. *Studies and Planning.* From the inception of the Association's work under the immediate guidance and inspiration of President Charles W. Eliot, Mr. John D. Rockefeller, Jr., and their associates in launching the movement, careful attention has been given to necessary studies and planning for the future of the movement. Early in its history, a strong General Advisory Committee was set up which has continued to function as a body considering the problems of social hygiene from the point of view of public need irrespective of any immediate question as to whether the Association as such should continue its work or undertake the additional activities which may be indicated. Thus, the Board of Directors has looked to the General Advisory Committee as the program and policy-formulating group just as it has depended upon the Finance Committee to secure funds and the Executive Committee to carry out the program and to expend the available funds wisely and carefully in the best interests of the movement as a whole.

Committee on Nominations—DR. JOHN SUNDWALL, *Chairman.*

In accordance with previous custom, the Nominating Committee was appointed a year in advance and requested to serve as a standing Committee on Nominations and personnel matters, to advise with the Board of Directors through the year and to make a final report and recommendations at this meeting.

During the year, the Chairman and other members of the Committee have advised with the President, the Chairman of the Executive Committee, and the General Director upon various personnel matters related to revisions of the program and budget. Also, the reorganization of various standing and temporary committees have been under consideration, and attention has been given to the President's request for suggestions for the Association's three standing committees elected annually: (1) Credentials, (2) Resolutions, (3) Nominations.

The action of our Committee in relation to nominations for general officers and members of the Board of Directors departs from the customary procedure this year for the following reasons:

As a Committee, we had expected to renominate Edward L. Keyes for President but have been informed that because of serious illness, he earnestly desires that his name should not again be presented. Acceptance of Dr. Keyes' request presents added difficulties this year because of the death of Dr. William H. Welch who served as Honorary President and Chairman of the General Advisory Com-

mittee. Under these circumstances, the Committee is of the opinion that more time should be given to this matter of selection of a president, and is hopeful that improvement of his health may favor the retention of Dr. Keyes' services for this year at least.

A further reason for recommending an unusual course in electing officers this year which has been canvassed by the Committee, relates to the study of the National Health Council and its member agencies which Professor Hiscock, of Yale University, is now concluding. Your Committee believes that if this report proves to be as important and helpful as our Board of Directors and Executive Committee hope it may be, some interchange of membership amongst the directors of the several member agencies will be advisable, and likewise special considerations may arise which will affect the selection of general officers.

Your Nominating Committee, therefore, recommends the reelection of incumbent officers and members of the Board of Directors, and that the Nominating Committee be requested to continue its consideration of this matter and report at the next quarterly meeting of the Board; with the understanding that the Board will be expected to fill any vacancies which may arise as a result of the reorganization of the General Advisory Committee, the National Health Council, and the possible necessity of accepting Dr. Keyes' resignation.

The acceptance of this report confirmed the election of the following officers and directors:

President

Edward L. Keyes

Vice-Presidents

Eugene L. Bishop
Roscoe Pound

Ray Lyman Wilbur
Mary E. Woolley

Treasurer

Timothy N. Pfeiffer

Secretary

Mrs. Henry D. Dakin

Board of Directors (1935-6-7)

Robert H. Bishop, Jr.
Norman F. Coleman
Timothy M. Pfeiffer

John H. Stokes
C.-E. A. Winslow
Kendall Emerson

A. J. Chesley

* * * *

It is hoped that this résumé may provide for members and friends who were unable to be present at the Annual Meeting a picture not only of the year's activities but of the meeting itself. The day closed with a pleasant informal dinner and evening conference at the Stockholm Restaurant.

Greater New York Holds a Social Hygiene Conference.—Twenty-three agencies joined, on January 30, in sponsoring one of the most successful social hygiene regional conferences ever held in this vicinity. Recognizing the necessity of larger space for the growing audiences and discussion groups, the Conference was located this year at the Hotel Pennsylvania, but found even the spacious quarters provided there to be crowded to overflowing. Ranks of standees were present in all sessions in spite of the efforts of ushers to procure chairs and provide seating accommodations for all. It was estimated that the total audience numbered 1,200, drawn from all branches of social and health work in the Greater New York area.

As scheduled in the program given in the January JOURNAL, three simultaneous sessions were conducted in the morning and three in the afternoon, with a luncheon meeting and program at 12:30. Medical, legal, protective and educational phases of social hygiene were discussed by such able leaders and speakers as Dr. Shirley W. Wynne, former City Health Commissioner; Dr. John L. Elliott, Headworker of Hudson Guild; Charles L. Chute, Executive Director of the National Probation Association; Dr. Conrad Berens, Director of the Lighthouse Eye Clinic; Mrs. Sidonie M. Gruenberg, Director of the Child Study of Association of America; Miss Amelia J. Massopust, of the Social Service Department, Bellevue Hospital; and Mrs. Marion Simonson, Social Hygiene Field Secretary, State Committee on Tuberculosis and Health. Members of the Association's staff, and the officers, participated in several of the sessions.

Of general interest and largely attended was the luncheon session, when the subject was *Medical and Educational Aspects of a Venereal Disease Program for New York City*. Dr. I. Ogden Woodruff, President of the New York Tuberculosis and Health Association, presided, and the speakers were Dr. John L. Rice, Commissioner of Health of the City of New York, Dr. Alfred E. Shipley, Deputy Commissioner of the New York Department of Hospitals, Frederic A. Willis, Assistant to the President, Columbia Broadcasting System and Mr. Franklyn A. Dunham, Educational Director of the National Broadcasting Company. The topic of radio's function in social hygiene education recently brought sharply to public attention by Dr. Thomas Parran's refusal to give a scheduled radio address because the word "syphilis" could not be broadcast, was given a prominent place in the various addresses.

Another especially interesting event of the day's proceedings was the meeting held at five o'clock for the purpose of perfecting the organization plans for the Greater New York Social Hygiene Council. Dr. William F. Snow was appointed chairman and Dr. Jacob A. Goldberg secretary of an organizing committee. It is expected that the Council, which has functioned informally for two years, with Dr. Goldberg as its temporary secretary, will presently announce permanent officers and a program for the year.

A helpful adjunct to the conference sessions was the exhibit of materials provided by several agencies, including the Association.

THE CLUBWOMAN PREPARES A SOCIAL HYGIENE PROGRAM

Social hygiene applies to all the needs and problems arising out of the sexual nature of human beings, with its ultimate goal the preservation of wholesome personal and family life. In the United States social hygiene agencies are concerned chiefly with sex education, training for marriage, parenthood, and family living, and with syphilis and other venereal diseases, prostitution and sex delinquency as preventable handicaps both to individuals and family groups.

EVERY CLUBWOMAN SHOULD

Ask Herself These Questions

What do I know about social hygiene problems in my community?

Am I interested? Why?

Do I, myself, have a normal, balanced informed viewpoint on the subject of sex?

Are my children developing a healthy, honest, and straightforward attitude toward life situations involving sex?

Are my older children receiving any instruction to prepare them for marriage and parenthood?

Do I know a competent organization or individual I can ask for advice on family relations problems?

What authoritative modern literature have I read on these subjects?

Take an Active Interest in Ensuring for Her Community

That children of all ages have opportunities for obtaining suitable sex education, from their parents, schools, and church,—if not from all of these sources, at least one of them. Each women's club can do something, no matter how little, in bringing this about.

That congenital syphilis be eradicated. Practically speaking, *this requires a blood test for every pregnant woman* as part of her early prenatal physical examination, and treatment if infected with syphilis. The highest medical authorities endorse this plan. Every women's club, as a group and through its individual members, can cooperate with the medical profession to see that these measures are carried out.

Many other activities in the social hygiene field can be undertaken by women's clubs. These two, however, should appeal especially as a starting point: because they help children and mothers; they are immediate and tangible; and they entail no special expense to the clubs.

HER CLUB SHOULD

1. Hold at least one social hygiene meeting each year at which some aspect of the subject is discussed.
2. Appoint a Social Hygiene Committee or study group whose function would be to consider ways and means of dealing with community needs in this field.
3. Decide on a course of action for club cooperation in meeting these needs.
4. Arrange for special consideration of social hygiene literature, films, exhibits, and other educational materials.
5. Cooperate with the State Social Hygiene Chairman, and with local, state, and national social hygiene organizations.
6. Write the General Federation of Women's Clubs Department of Public Welfare, Division of Public Health, or the American Social Hygiene Association, 50 West 50th Street, New York, N. Y., for further information, literature, program plans, or advice on these and related subjects.

ANNOUNCEMENTS

Last Month.—The February JOURNAL, with its newsy account of social hygiene activities in the states and communities, proved as popular as we anticipated, and more so. The 300 extra copies which we ordered are nearly gone, and requests are coming in every day. The National Tuberculosis Association promptly asked for 125 copies for its state and community organizations, and several other agencies have requested quantity lots. To meet the need we are having reprints made. *35 cents per copy, \$3.00 per dozen, \$17.50 per 100.* In addition to *Notes on the American Social Hygiene Scene*, this issue contains a list of state and local social hygiene agencies and a partial list of national agencies which carry on social hygiene activities. Useful for reference throughout the year.

This Month.—The League of Nations report on *Abolition of Licensed or Tolerated Houses of Prostitution* was one of the outstanding international documents of 1934. Mr. Bascom Johnson of the A.S.H.A. staff and a director of the studies on which the abolition recommendations were based, has briefed this report for JOURNAL readers. We shall have reprints. *Ten cents each. Free to members.* . . . If you are interested in the District of Columbia in any way, —and who among us is not these days? you will be pleased to note the vigorous way in which social hygiene workers there are tackling the local medical situation. The D. of C. Social Hygiene Society, 1018 Vermont Avenue, N.W., has a few reprints of this Everett-Fields article for local use. . . . Dr. Richards calls our attention to some pertinent facts in her article on *Teaching Social Hygiene during the Depression*, and Dr. Emerson brings us some interesting information from below the equator. But we imagine that members will be interested most of all in President Keyes' editorial letter and the report of the annual meeting. Progress is evident, but it could be faster if we had more members, contributors and money. If every member got another member, and every new member got another new member, and all these members helped to achieve social hygiene objectives in their communities, progress would speed up wonderfully. How many people do you know who ought to be members or con-

tributors to the national and local social hygiene programs?

Next Month.—In April the JOURNAL will be a *Conference Number*. Some of the fine papers given at the Greater New York Social Hygiene Conference in January will be presented, among them *The Role of Neighborhood Agencies in a Social Hygiene Program*, by Ellen H. MacDowell of Greenwich House; *Domestic Relations Courts*, by Charles H. Warner, of the Brooklyn S.P.C. C.; *Syphilis and Mental Diseases*, by Dr. William E. Merriman, Superintendent, Manhattan State Hospital; and *Social Service Problems Among Venereal Diseases Cases*, by Dr. Albert Pfeiffer, New York State Department of Health. These papers have been chosen for publication because they deal with problems concerning which we can never seem to get enough information to meet the requests of our readers and the public. We shall probably have reprints, but you can help by letting us know if you are likely to need a large quantity. *Usual prices, ten cents per copy, 80 cents per dozen, \$5.00 per 100.* The April JOURNAL will also contain information concerning 1935 conferences to come.

Future Numbers.—In May we plan a special *Church Number*. More details in the April issue. And in June we shall turn our attention as usual to the *Libraries*. Incidentally we have left a few copies of 1933 and 1934 *Library Numbers*, though they are in steady demand. *35 cents each.*

New Publications.—*Premarital Conference*, published by the Los Angeles Institute of Family Relations after experience with 16,000 clients, is one of the best publications we have seen on so-called "marriage adjustments". *50 cents per copy, plus postage. \$4.00 per dozen.* . . . *The Influence of Sex on Family Life*, by Valeria H. Parker, was reprinted by *Mental Hygiene* in which it appeared last year, and we have a limited number available at *15 cents per copy.* . . . *Betrothal*, the new pamphlet on engagement by Paul Popenoe, is very popular. *10 cents per copy.* . . . *The Clubwoman Prepares a Social Hygiene Program*, as you will see from page 155 of this number of the JOURNAL, has been put in print. *Free in single or quantity lots.*

Membership in the Association, with its privileges of receipt of the JOURNAL, the *News*, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

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* *Member of Executive Committee*

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State and Local Social Hygiene Societies in the United States.....
National Agencies which Conduct Social Hygiene Activities.....

Journal of Social Hygiene

Conference Number

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SOCIAL SERVICE PROBLEMS AMONG VENEREAL DISEASE CASES *

ALBERT PFEIFFER, M.D.

Director, Division of Social Hygiene, New York State Department of Health

To estimate properly a situation in disease prevention and control, and to form a true perspective as to its cause and effect in a community, a survey should be made. A study of the records in the State Health Department and of the various dispensaries of two upstate cities shows that over 50 per cent of the patients having syphilis and gonococcal infections in those cities are grouped in well-defined areas. Statistical investigation indicates that there exists in these areas a distinct relationship between the prevalence of these diseases and tuberculosis. Given the morbidity rate of the one, the rate of the other can be estimated within 5 per cent. Mental disease and crime also reach a peak in these areas, which needless to say are the city slums with the unsavory environment of more or less broken, squalid dwellings, and congested living conditions.

This environment is not conducive to the development of healthy minds in healthy bodies, and of the formation of proper mental attitudes toward society. Conforming to recog-

* A paper presented at the Greater New York Regional Conference on Social Hygiene, January 30, 1935.

nized convention and authority is not the rule, yet individuals infected with a contagious disease have no right to do as they please. Individual liberty must in these instances give way to the rights of the general public. When this type of person appears at the clinic, he exhibits a defense mechanism and naturally makes a false statement as to name, residence, occupation, and other details, thinking that anything he says may possibly be used against him. A bright, cheerful, kindly social worker with common sense can eliminate suspicion, gain confidence, and get the cooperation of the patient. The big stick is not in evidence but is kept in reserve for the hardened incorrigible minority.

The following case history, taken from our State Department of Health files, will give a vivid picture exhibiting in the extreme many social and economic problems. The investigation started as a result of a visit to a home where three children, age twelve, nine and seven, were being boarded. All had four-plus Wassermann reactions and were being treated at a nearby clinic. Their father was in jail and the mother had abandoned the children. Later, the parents were reunited and had four more children, all of whom occupied the same bed in a room where an uncle with a constant cough also slept. Another brother of the father died leaving five children, one in a sanatorium with active tuberculosis, the others attending a syphilis clinic and living with their mother, entirely dependent upon the county for support. A third brother, a mental defective, had eight illegitimate children, five of whom were alive. One of these lived with the mother's sister and four were boarded out by the county. The great-grandmother of the children, who is still living, had 15 children, 12 of whom are living and from whom 160 descendants have been traced. There were four sets of twins and one set of triplets among the grandchildren and two sets of twins among the great-grandchildren. Altogether, this is a story of 160 individuals in a family tree, with numerous cases of syphilis, tuberculosis, gonorrhea, insanity, feeble-mindedness, illegitimacy, and crime resulting in lengthy jail sentences for theft, non-support, assault and murder. The entire progeny to a marked degree have been supported by public funds. This shows the inter-relationship of some of the problems of our State Departments of Health, Social Welfare, Mental Hygiene and Correction, and their close connection with poor housing and unhygienic living conditions. The existence of these foci of devastating and costly diseases and incubators of crime when known form a challenge to governmental and volunteer agencies.

It is most gratifying to note that the Federal government plans to remedy this situation by means of its slum clearance and low-cost housing program, as stated in a recent address by Secretary Ickes:

"We call it a subsidy for the Government to invest some of its money in this worthiest of social enterprises, but in fact it is no subsidy at all. Clean out the slums and we would have to pay less for police and fire protection. There would be a diminution of vice and crime. Tuberculosis and other preventable and communicable diseases would be reduced to a minimum."

It is not my intention to convey the impression that syphilis is mainly limited to the poor, unfortunate and handicapped, or to the criminal element, although if the underlying environmental conditions were remedied, many of our problems would be solved. The slum areas are responsible for perhaps the most difficult cases to control and they keep the venereal disease problem the foremost and the most difficult in public health. Those blessed with means will usually seek and get proper medical care, while the large middle-class and those nearly self-supporting will appreciate good medical services if they are available.

For all who are unable to pay regular fees it is our policy to provide adequate treatment facilities throughout the state. Our responsibility is to find the active cases as early as possible, to get them and keep them under scientific treatment, to handle adequately the sources of infection and to get the contacts under medical care.

We are fortunate in having Dr. Thomas Parran as Health Commissioner of New York State at this time, as, thanks to his appreciation of the problem, his sympathetic understanding and support, a practical program is being rapidly put into active operation. In addition to the 107 established upstate clinics for the treatment of syphilis, last year 641 practicing physicians cooperated with our Division of Social Hygiene, in treating patients free or for a nominal fee. Monthly reports are submitted by these physicians regarding the patients they are treating, and this often gives rise to an intimate friendly correspondence in regard to the general management of syphilis.

The following abstract from a letter recently received from a physician in a rural district illustrates some of the problems encountered by the average practitioner:

"I have given injections of neoarsphenamine to Mrs. B——. She was seven months' pregnant when she came to me. I got in as many treatments as possible before her confinement. The child did not show any evidence of congenital syphilis at birth. At your suggestion I examined the five other children in this family

for congenital syphilis and they all showed a rather marked evidence of this. It is difficult to get any cooperation from this family as the mother is a moron and the father a criminal. I also gave Mr. B—— a few injections of neoarsphenamine. Recently this family moved to New Jersey.”

“I gave two doses of neoarsphenamine to a farm hand by the name of A—— who was in the early secondary stage with a marked eruption. This fellow skipped out of town.”

“Another case had been treated in New York by some private physician and still has a four-plus reaction. This young man has developed epilepsy during the past year. I have been unable to get him to follow treatment. He is a floater and never stays in one place for any length of time.”

Social Service Difficulties in a City

Only brief experience in a city syphilis clinic is required to become conscious of the existence of human and social factors of fundamental importance. In a recent investigation of 50 syphilis cases in a small city, only three sources of infection were found and placed under treatment. Twenty-six cases reported no knowledge of the source of infection. In some instances, simply a country or city was mentioned, such as Italy, Poland, Buffalo, or Utica. Three married women gave their husbands as the source, and five gave their deceased husbands. The last group represents a common and one of the most difficult problems which social service workers must meet. Many times the widow marries again and she may or may not have children stigmatized with congenital syphilis. All this information she desires to keep from her present husband to insure domestic tranquillity.

Rural Problems

A patient at a prenatal clinic was recently found to have a four-plus Wassermann, and gave as the source of infection her former husband. The local health officer had made arrangements with a nearby city clinic to treat any cases from his community. In order to attend, this patient would have to acquaint her present husband with the fact that she must be away a certain day each week and also request necessary bus fare. The health officer was requested to make an exception in this case and to give the necessary treatment, which he did.

Necessity of Trained and Experienced Social Service Workers

Many instances may be cited where untrained workers have inadvertently caused domestic trouble by conveying to members of a family or to others, through follow-up visits or through written communications, the disease condition that existed. Rapid expansion of our

nursing service due to the addition of several hundred TERA workers, untrained in public health procedure and social service, has given rise to a limited number of unfortunate experiences.

For example, a patient examined at a prenatal clinic was found to have a four-plus Wassermann. The local TERA nurse was conversant with the case and when the patient moved to a nearby community, she wrote to the welfare officer of that place instead of the health officer as she should have done, stating that the woman was infected with syphilis and that arrangements should be made for her maintenance and treatment. The welfare officer in making the investigation called at the home of a neighbor to inquire as to the residence of the patient. He allowed the neighbor to read the letter which was written on State Health Department stationery, revealing that the woman had syphilis. This family at once became an unwelcome unit in the community since the general public is not ready to look upon syphilis simply as a communicable disease. Social service in this field is at the present time in the pioneer stage.

Misinterpretation of the Wassermann Test

Probably one of the most common errors of untrained health and social workers as well as by officials of courts and of social agencies is their misinterpretation of the Wassermann reaction. The common conception seems to be that the presence of a positive Wassermann test indicates that the patient has infectious syphilis and should be excluded from all occupations and society generally. Also a positive Wassermann reaction is often understood to carry the stigma that the patient necessarily has a "venereal" infection.

Accidental and Innocent Syphilis

Instances of innocent infection are, of course, quite common. The following case can be quoted as it presents several important factors:

A young man, age 25, was referred to my clinic by the physician of a large business house, because of a non-healing sore on his upper lip close to the nose. It was diagnosed as a primary lesion of syphilis, confirmed by the darkfield microscopic test, and later by the Wassermann reaction. He was greatly alarmed and distressed at the result of the diagnosis as he had exemplary habits and was happily married. He stated that about a fortnight before he had cut his upper lip while shaving at his place of business, where there were many employés. There was no doubt that he had accidentally and innocently acquired his infection. It was also ascertained that his wife was two months pregnant and infected with syphilis. I impressed upon both of them the necessity of lengthy continuous treatment to insure a cure

and the birth of a healthy baby. The husband was most anxious to return to work as soon as possible because his savings were very limited, and it was agreed to allow this as soon as he had a few injections of arsphenamine. Unfortunately when he returned, he found that there was no place for him, and the family therefore became a welfare case. There were some lapses in attendance at the clinic due to the fact that they had no funds to pay carfare to cover the four miles travel from where they lived. Therefore, arrangements were made for them to receive free treatment in their own community. Later a healthy baby was born, the patients received over a year's continuous treatment, and now have been negative for a considerable period of time.

A similar type of case came under observation at about the same time. A father appeared at the clinic with a well-developed secondary rash, sore throat and no evidence of primary lesion. He gave a history of happy marital life and could not understand how he acquired this condition. He was a young war veteran and it is our experience that they realize the importance of hearty cooperation which shows the effectiveness of the educational work done by the Army during the War and the necessity of its continuance at the present time. In this case the patient's wife and two-year-old boy were brought in,—both were found to have the secondary rash of syphilis. She was nonplused as to how she became infected. Fortunately she was regarded, as Caesar's wife, above suspicion, and the family remained perfectly happy. They took regular treatment and now they all have had negative Wassermann reactions for over a year.

The following shows the importance of Wassermann tests being taken on all pregnant women, and the possibility of innocent infection. A little girl, 11 years old, frequently played with a new baby that had arrived in a neighbor's home. She was very much attached to the baby and spent a good deal of time with it. Within a few weeks, it was noticed by the school nurse that the little girl had a rash and it was subsequently discovered that she had syphilis. The investigation proved that she had acquired it from the baby who was then under treatment for active congenital syphilis and had had active secondary lesions shortly after birth.

Many delicate and tragic situations occur among patients who have had a routine blood test taken when they are in a hospital for an operation or some other purpose. A recent case was a gentleman of about 70 years who had seen better days. When he was in the hospital, he was found to have a positive Wassermann test and subsequently arrived at our clinic. Upon examination, it was discovered that he had early locomotor ataxia. His wife presented similar find-

ings. Both of these people were of the better class, but under poor financial circumstances at this time, and both required clinic care. Neither had had the slightest suspicion that such a disease condition existed, but held the Victorian attitude toward syphilis and felt chagrined and humiliated upon learning of their condition. It is naturally a terrible shock to persons nearing the end of life to be told that they have syphilis. The social service department in this case saw that they were not kept waiting with the rank and file at the clinic when they came for treatment and special consideration was extended.

A recent review of the patients at my clinic has shown that a large percentage of syphilis cases are receiving welfare relief and most of them are at this time more of a social welfare than a public health problem. They are past the period of possible cutaneous and mucous membrane recurrences and there is no danger of their transmitting the disease to the general public, but treatment is necessary to prevent the occurrence of possible disabling conditions which at a later date might require expensive hospitalization at public expense.

That many of these difficulties are being overcome is shown by the fact that 6,510 new patients were admitted to the upstate syphilis clinics in 1934 and received a larger number of treatments per patient than in any previous year. There were 230,000 treatments administered, 78,000 of which were with the arsphenamines. The upstate laboratories examined 773,000 blood specimens for syphilis. There has been a steady increase in the blood examinations each year since 1915 when this type of laboratory service started, and also in the clinic treatments since 1919. This is tangible evidence that general progress is being made.

“Pain, sickness, and bereavement have shadowed mankind throughout the ages; today there is a vast amount of unnecessary sickness and many thousands of unnecessary deaths. . . . Syphilis and gonorrhea destroy fertility, deform babies and wreck homes.” *Ray Lyman Wilbur, M.D., from the introduction to the Final Report of the Committee on the Costs of Medical Care.*

SYPHILIS AND MENTAL DISEASES *

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Syphilis is one of the most important causes of mental disease. The hospitals under the New York State Department of Mental Hygiene are well aware of this, as illustrated by the admissions to the civil state hospitals, for the year ending June 30, 1933, of 1,019 new cases of general paresis and 105 cases of cerebral syphilis not of paretic nature. Syphilis was considered a causative factor in 11.3 per cent of all new cases admitted. Of these cases 77 per cent were men and 23 per cent women. This is in marked contrast with the figures for the cases of syphilis reported to the State Health Department for up-state New York for the years 1919-33, which show almost 40 per cent of women. I do not know the explanation of this difference. It may be due to a more complete reporting of infected women, to a greater tendency to care for them at home when late syphilitic mental disease renders close oversight necessary, or possibly to a lesser degree of susceptibility to neurosyphilis among women.

The classification of mental disorders, as recently amended by the American Psychiatric Association, provides for four sub-groups of psychoses with syphilis of the central nervous system. The first is with syphilitic meningo-encephalitis, otherwise called general paresis, general paralysis and dementia paralytica, in which the parenchyma, or essential substance of the brain, is seriously invaded by the infection, resulting in progressive intellectual and emotional defects, with the addition of physical symptoms and ultimate muscular weakness, chiefly responsible for the original clinical term of paralysis or paresis. Perhaps the laity, in using the indefinite term "softening of the brain," has this form of dementia chiefly in mind. As already indicated, this form of syphilitic mental disease is by far the predominating type requiring hospitalization. The second, or meningo-vascular type, known as cerebral syphilis, requires hospitalization in only one-tenth as many cases. It affects the vessels, rather than the essential

* A paper presented at the Greater New York Regional Conference on Social Hygiene, January 30, 1935.

substance of the brain, and is differentiated from the other by comparatively sudden onset after infection, with confusion or delirium, palsies, particularly of the cranial nerves, apoplectiform seizures, and frequently by a prompt response to systemic anti-syphilitic treatment. The third type consists of those cases in which intracranial gummata predominate as solitary tumors rather than as part of the diffuse process. These are very rare in state hospital admissions. The fourth type, also rare in mental hospitals, includes psychoses with *tabes dorsalis*, otherwise called locomotor ataxia.

Dr. H. M. Pollock, Director of Mental Hygiene Statistics, State Department of Mental Hygiene, in 1931 computed the annual economic loss due to syphilitic mental disease in New York State to be approximately \$13,500,000. Although it is probable that many cases are now entering state hospitals in earlier stages of the mental disorder and are being helped by special treatment, it is evident that the disease continues to be a very large health problem.

The early diagnosis of paresis is not only desirable from a standpoint of early treatment, but is economically important for the patient and his dependents. It is notorious that certain paretics, unrecognized in the early stage, become careless and unduly optimistic in their financial affairs and may conduct them in a ruinous manner. They may also at important posts, such as running a locomotive or a street car, exhibit dangerous lapses, as was illustrated by a motor-man who ran his car at fast speed down the long hill from the State Capitol at Albany. It is evident that when an individual shows the earliest mental symptoms, he should be carefully examined before his judgment becomes so defective that a rash act is performed.

The rate of incidence of paresis in cities of this State is nearly three times as great as that in rural districts when based on the respective urban and rural populations. This higher urban incidence is probably quite in keeping with the relative incidence of syphilitic infection.

Dr. Pollock's figures show that during the ten years following 1913 the average age of admissions of paretics to the New York State hospitals was 44 for males and 42.3 for females and that the period of hospitalization of those cases which resulted in death was 1.2 and 1.5 years, respectively; 1.2 per cent are hospitalized for paresis before the age of 25, and after middle life the incidence gradually decreases until after the age of 70 hospitalizations constitute only one-half of one per cent of the total admissions.

During the past three years the admissions of paretics to the civil state hospitals has averaged 956 per annum, which is 9.5 per cent of the total admissions for mental diseases. In 1923 the percentage

was greater, 11.8, while in 1913 it was 12.7 per cent, thus demonstrating that the percentage of paretics, as related to other forms of mental disease entering the state hospitals, has moderately, but steadily, decreased. It is not improbable that this indicates a relative decrease of paresis in the general community, but of far from satisfactory proportions.

Of over 16,000 cases of paresis admitted to the state hospitals during two recent decades, 13,000 proved fatal within an average of less than two years following admission. Under the more modern treatment the records of recovery and improvement during such hospitalization have shown definite gains. Whereas, in 1923 none of the cases had recovered, in 1933 there was 1.4 per cent recovery, based on the admissions of paretics during the previous year. In these same years there was an improvement rate of 12.6 per cent and 23 per cent, respectively, which shows a gain of nearly 100 per cent in benefit by treatment short of recovery.

The effect of the new forms of treatment in decreasing the death rate of hospitalized cases is conspicuously shown by the average death rate per thousand under treatment for paresis for the years 1921-2-3 of 311, whereas the comparative average figure for the years 1931-2-3 is 134. This indicates a decrease of marked proportions in the death rate, the recent figure being only 43 per cent of the figure ten years earlier. Based on the 1933 figure, the percentage has been further decreased to 39 per cent.

This increase in the recovery rate and decrease in the death rate were apparently due to the newer forms of treatment, which were introduced several years ago, and which consist of the use of fever producing agents, particularly malaria and electricity, and chemicals, particularly the arsenicals, such as tryparsamide, and the heavy metal preparations of bismuth and mercury. Under the leadership of the Psychiatric Institute and Hospital of the State Department of Mental Hygiene, the New York State hospitals have been administering the malaria treatment, most success being obtained in the incipient cases. The treatment by inoculation of tertian malaria, which is the form of malaria normally found in this section, has been found to be probably the best and is most successful when supplemented by an arsenical with a mercurial or bismuthic. A survey made by Raynor of spontaneous remissions of symptoms of paresis in the Manhattan State Hospital from 1911 to 1918 showed a rate of 3.5 per cent, whereas, after modern treatment was inaugurated, the remissions increased to 18.5 per cent in the cases treated between 1925-1927, and in the two following years increased to 24.5 per cent. These figures show a

very definite gain which can be explained only by the newer forms of treatment.

Customarily, the malarial inoculations are maintained by transfer from one patient to another by the hypodermic method. Chills develop in from three to eighteen days and are allowed to be repeated nine or ten times on the average. If the recurrences of fever do not spontaneously disappear, which is unusual, they are terminated by the use of quinine.

Malarial therapy has also been recently practiced by the direct method which is by the use of anopheline mosquitoes carrying malarial parasites. The beneficial effects of malaria by this method are practically the same as by the artificial procedure just described. Under the auspices of the Rockefeller Foundation a station for malarial research was established in 1931 in Florida, and during the following three years about 200 patients were treated by direct mosquito inoculation. Early in 1933 the Foundation established an insectory at the Rockefeller Institute in New York, and in January, 1934, began cooperating with the Manhattan State Hospital by supplying mosquitoes infected with the strain of benign tertian malaria for the inoculation of cases of paresis. After about two weeks the malaria develops in the patient and the subsequent course is similar to that of the artificially induced fever. The therapeutic results of this form of treatment and that of the artificially induced are equally good.

Electro-pyrexia, or fever induced by passing electricity through the body, has been in use for several years. The two principal forms are diathermy, by which a high frequency alternating current is passed through the body of the patient between electrodes, producing a marked increase of internal heat of the body, and the short wave radio, otherwise called radiothermy or high frequency oscillation, by which method the patient is placed between, but not in contact with, condenser plates.

It is found that the spirochete, which causes syphilis, is experimentally killed at a temperature of 106, and that in tissues it may be killed in a temperature of 107½ maintained for one hour. It is, therefore, obvious that the internal heat of the body should be as near these temperatures as the safety of the patient will permit.

The best results for electricity are obtained by a course of about ten applications of electrically produced heat at intervals of a week, followed by one or more courses of tryparsamide with mercury or bismuth, a conclusion reached by Hinsie and Blalock in their work at the Psychiatric Institute, and as indicated in their publication

Electro-pyrexia in General Paralysis.

The remission of symptoms, suggestive of recovery, is secured by these electrical methods in about the same percentage as is secured by the combination of malaria and the chemicals.

To sum up the benefits of treatment, it may be stated that the modern methods have proved to be of decided advantage over earlier ones, which were based on the use of chemicals alone, but that apparent recoveries have been secured in only a distinct minority of cases of paresis. It is to be hoped that new methods will be evolved, or old ones perfected, to the end that still better results will be attained.

As to the prophylaxis of mental diseases due to syphilis, the problem is chiefly in the hands of those who may be able to prevent original infection and those of the medical profession who treat the disease before the late stage. In that stage early clinical or spinal fluid signs of invasion of the central nervous system should be observed when possible and adequate treatment promptly instituted.

Syphilis as a Cause of Death.—The axiom that "Men do not die of the diseases that afflict them" might especially refer to syphilis. In the "1933 Mortality Statistics" we find about 11,000 deaths reported from syphilis. It is only when we sort out from the reported deaths under other classifications those really due to syphilis that we have any idea of its high rank as a cause of death. Locomotor ataxia and general paralysis of the insane are syphilis. Recent researches indicate at least 15 per cent of deaths from heart and blood vessel conditions are caused by syphilis, probably one-fifth of those from the nervous system, one-fifth of deaths during early infancy, and a significant number from diseases of the kidneys, liver, stomach and other vital organs. Altogether these mount upwards of 100,000 a year and place syphilis where it belongs, among the greatest killers of mankind—syphilis, heart disease, cancer, nephritis, cerebral hemorrhage, pneumonia, and tuberculosis.

from Social Hygiene Bulletin "Behind the Front Lines"

THE DOMESTIC RELATIONS COURT *

FROM THE STANDPOINT OF THE CHILD

CHARLES H. WARNER

Superintendent, Brooklyn Society for the Prevention of Cruelty to Children

To seek a better adjustment of the turbulent family situations presented to it is the important function of the Domestic Relations Court in the life of the community today. To appreciate fully the broad scope of this new judicial set-up, with its ample powers to deal with every parent and child in any family unit, one must appraise the home and the community influence which go far to make up this Court's calendar, as well as the social agencies which can help this Court to enrich the child life which seeks its assistance.

Only since October 1933 has the Family Court and the Children's Court been merged into the Domestic Relations Court. They are now functioning quite separately, yet under the jurisdiction of the same judges. Both parent and child are there. This discussion will be devoted principally to the child.

What about this child we see in the Children's Division of this Court,—the neglected child, the delinquent child, the physically handicapped child? Whence came they? Why are they here?

The road out into the world for every child begins at his home. He meets the church in baptism, the school in the kindergarten, and other beneficial agencies of all kinds he meets later on in the community around him. The manner in which he adjusts himself to the bewildering situations in this complex world is the story of the youth today. Some children succeed with this task. Others lose their way, and these we unfortunately call juvenile delinquents, whereas most of them are just the victims of neglect. The proposition advanced at this point is that too many social agencies, designed to help these struggling children, of which the Children's Court is one, are situated too far down the road these children are traveling.

Everything that goes into the development of better citizens is recognized more and more as a real investment. The younger number of young men in crime today is a tremendous challenge to the community from which they come. Something is wrong. The com-

* A paper presented at the Greater New York Regional Conference on Social Hygiene, January 30, 1935.

munity is slowly becoming more alive to its responsibility for the wholesome life of its children. It realizes more keenly than ever before that all preventive measures are real investments in good citizenship,—apartments, playgrounds for its children, and more extensive uses of its school buildings as centers of community recreation and social life. More wholesome amusements and places for the natural expression of the social life of adolescent boys and girls are made necessary by the crowded conditions in their homes. Really to appreciate the value of all organized forms of carefully supervised leisure-time activities for boys and girls, movements which should be more widely extended, is to know how few children, who come under the helpful influences of such agencies, appear in our Children's Courts. Economically, the community will find it out to be a better business proposition to provide those things which make for healthy childhood than to maintain delinquents in institutions and adult criminals in jails and penitentiaries at tremendous public expense. Communities must plan for and provide better preventive measures.

The building of better citizenship among the boys and girls of our community must be a cooperative undertaking today. This is especially true in our present field of endeavour, because many of the duties previously performed by parents for children are now delegated to agencies outside their homes. This situation has been greatly intensified by the present financial crisis. Consequently, the home, the starting point of all childhood, cannot function properly today without the constant assistance of other agencies, of which the Children's Court is a most important one. The church and the school must constantly interpret to parents the many needs of the child to insure its best development. Community agencies for relief and other forms of service must cooperate closely with the home to supply those things which parents in normal times would naturally provide for their children.

The law in the State wisely places the responsibility for the care of children upon their parents or guardians, and declares that the child is neglected when it is deprived of proper food, suitable clothing, and a wholesome and habitable home, medical and surgical care, and the opportunity to secure an education,—in other words, a fair chance for a normal development, physically, mentally and spiritually. The State, therefore, does not step in to make the child its ward, as needing its care and protection, until its parents have been declared unfit guardians by reason of their inefficiency or immorality. The determining question then so far as legal neglect is concerned is whether the child is in its unfortunate plight as a result of contributing causes which are avoidable or unavoidable, as related to its parents or guardians.

The story of the normal development of childhood is, as has been said, the story to its adaptation to the extremely complex and mechanical world in which it finds itself. The ever present and chief causative factor producing most of that neglect today which soon becomes delinquency is the environment within the child's home. The children of foreign born parents are especially conscious of a gap gradually widening between themselves and their parents, many of whom because of economic stress have no time to learn the English language and to become acquainted with our customs. Consequently, the children go forth alone from their homes to seek their education, to choose their companions, and unaided by parental guidance, to find for themselves places for social life and recreation. Their parents may have provided them with food, clothing and shelter, yet they frequently find themselves wholly ignorant of what has happened, and quite bewildered stand gazing out across this gap at their children, who have now acquired a complete independence of thought and action entirely foreign to their parents. It is then not strange that those boys and girls, without the guidance which sympathetic and understanding parents can furnish through their years of adolescence, find their way so easy into delinquencies of which they have no realization. This chasm between parent and child often grows wider as the child views such situations. A lack of appreciation by parents of their children's natural and innocent interests frequently produces in them a mental complex which dominates an unfortunate development. The sense of justice is usually quite keen in the minds of children. Criminal tendencies have their beginnings in childhood. On this road where the children are traveling we must move our base of operations closer to their homes so we can help to interpret their interests to their parents, who do not understand them.

Children do not live by bread alone. They yearn for a feeling of security, emotionally as well as economically. Sticks and straps hurt them; they make hideous welts and gashes. Yet these are as nothing compared with those lasting mental imprints made by the vulgar language of an intoxicated or emotionally uncontrolled father in the presence of his children, or by the vile names he calls their mother.

The community outside the home must also accept its responsibility for the unfortunate environmental influences under which it permits children to live. The atmosphere which they breathe is so charged today with the dishonest dealings of their elders, to whom they should rightfully look for moral ideals, that they themselves soon acquire a disrespect for law. In the press, children read in great detail sensational stories of all kinds of crime, and into our Children's Courts come the juvenile delinquents whose impressionable minds have quickly responded to the alluring situations described. It is needless

perhaps to speak here of many of our movies which today depict life in distorted and grossly suggestive forms, wholly unfit for children to see.

Then we have the children handicapped by lack of supervision of absentee parents because of the present economic stress, and by physical ailments, congenital and acquired, and by the lack of moral and religious training in their homes. These and many other handicaps are mirrored in the neglected and delinquent children whom we meet struggling along the road,—many of whom finally reach the Children's Court.

Today more than ever before homes are broken by desertion, by the separation or the divorce of their parents. Children from such homes are perplexed and emotionally disturbed. They cannot understand why they must suffer because of the faults and incompatibilities of their parents. Children who are subjected in their own homes to the influence of quarreling, cursing and habitually intoxicated parents, cannot be expected to develop normally into useful citizens. Go to our reformatories and prisons and those young men there will tell you that one or more of these handicaps in their early lives had much to do with the commitment of their crimes, which finally brought them into their present plight.

We have also been too slow in determining the mental capacities of children, and their real interests. We have been urging many of them to work with their minds, whereas they are only manually-minded. We have too long permitted them to continue along this road to discouragement and perhaps subsequent delinquency.

At some length we have described the unfortunate home and community influences which produce a neglect today that tomorrow becomes juvenile delinquency. But principally we have done this to restate emphatically the declaration which brought the Domestic Relations Court into being, that parents and children constitute a family unit, and that the problems of children cannot be solved apart from their problem parents. These two component parts of the family unit must be studied closely together, they must be integrated. It is therefore right and proper that such intimately related problems should be considered in one court.

Some of those who worked hard for many years for the establishment of the Children's Court almost shed tears at the thought of the consolidation of the Family and Children's Court. They thought that bringing the adult into the Children's Court would destroy its usefulness. This fact somewhat delayed the realization of the dreams of many others, who had been looking forward to the creation of the Domestic Relations Court.

But all social legislation has lagged far behind social experience.

It takes shape slowly. Yet considerable progress has been made in the care and protection of children. Only 32 years ago the Children's Court was organized in New York City and then it was but a part of an adult court with rotating judges from that court. Not until 1924 did the Children's Court become a separate and distinct entity. Just 32 years ago children were kept in jails and alms-houses in this State. It was only 30 years ago that New York State decreed by statute that every child under 16 years of age must have medical attention, and 10 years ago it said that a judge of the Children's Court could sign an order for a surgical operation to prevent the death of a child. Only two years ago it was declared illegal for a child to enter a marathon dance, and this was not done until after a 14-year-old girl had danced continuously for 72 hours. Only since May 7, 1934, has it been a violation of law for a police officer to take a child under 16 years of age to a police station; yet for many years socially-minded people have recognized the need of such a provision. We now wonder why all these fundamentally sound social reforms which need legal enactment were so long delayed. In this connection, it is hoped that it will soon be impossible to petition the Children's Court to find a child a juvenile delinquent who has only been found wandering about the streets, and at the time is known to have committed no offense. He needs safekeeping only until a careful investigation can be made.

So fundamental social laws have not come by accident. They are the expression of an accumulated experience of socially-minded people. So it is with the Domestic Relations Court, which began to function On October 1, 1933, by consolidating the existing Family and Children's Courts and giving the jurisdiction to the Justice of the Children's Court who approached this new venture with a valuable experience.

This new court, therefore, is in the early stages of its development. Last week the Honorable John Warren Hill, Presiding Justice, called together representatives of the social agencies of New York City and most cordially invited them to cooperate in every way with the Domestic Relations Court. At this conference he said that he considered the court to be a social agency, as well as one for the administration of law to hear and determine petitions of neglect and juvenile delinquency, and to acquire the custody of those children for further disposition who need the care and protection of the State.

The Domestic Relations Court should have its Family Division and Children's Division in adjacent buildings. This is provided for in law. This convenience of location will enable the same judge to pass from one division of the Court to the other division in order to consider the adult and child problems of the same family. This close

integration is absolutely necessary to secure the most satisfactory results. To those of long practical experience, the former separation of courts appeared to be the cause of not only a tremendous loss of time, but also of conscientious effort to have the two parents in one court for impairing the morals or endangering the health of their children, or for contributing to their neglect or delinquency, while the cases of the neglected children or juvenile delinquents in the same family were being heard in another court.

Children who are the victims of the present economic situation, which crowds families together with resultant lack of privacy, or who are the victims of parental irritations, bickerings, selfishness, sheer thoughtlessness and indifference; foreign-born parents who with their children are having their first contact with the law,—all need much careful and patient consideration. In all of this the judge must have ample time to acquaint them with the laws of the land of their adoption which now concern them, to interpret parent to child and child to parent. Many of these situations represent the failures of the honest efforts of social agencies. Yet here is the rallying point for all community agencies, with renewed energy to assist the Court in every way to rebuild the broken homes from which these neglected and delinquent children come.

The Children's Court has the opportunity to do much to shape the destinies of these children, for here they form their attitudes toward the court and law. They keenly recognize the fair and intelligent consideration of their problems. Most children have a keen sense of justice.

The community should benefit materially from the accumulated experiences as to the causes of neglect and juvenile delinquency in particular areas. Such experience will indicate the neighborhood needs as well as suggest methods for supplying them. It will be a continuous research bureau.

To assist the clerk, the Court could assign a person carefully to consider the intake cases by inquiring as to whether the matter presented is sufficiently definite and prepared to go before the Court. If not, then further inquiry can be made which may result in having the matter cared for in an informal and effective manner. Possibly, yet this suggestion may be open to argument, the same probation officer could handle the investigation and supervision of problems of both parent and child in the same family.

Again we must say that the two greatest social agencies in any community,—those which parents of whatever land or language know and understand to be important factors in the life of their community,—are the Church and the School. From them has come the inspiration of all social agencies and of the Children's Court, and with them all must cooperate more closely if child neglect and child delinquency are to be reduced. Cooperative effort in prevention is imperative. The Children's Court in its work must also move up nearer to the home as the family unit, "that great moulding-force of mind and character" from which children must not be taken "except for urgent and compelling reasons," and from which starts that road that they travel back and forth to us.

THE RÔLE OF NEIGHBORHOOD AGENCIES IN A SOCIAL HYGIENE PROGRAM *

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Without doubt there is much the neighborhood agency should do in a social hygiene program. For several years I have felt that we greatly neglect this most vital condition, though efforts have been made to reach the young people by health examinations, lectures, literature, and group talks.

But the approach to social hygiene has changed. A few years ago, when one secured speakers for the various age groups it was often with dread,—would the speaker understand our young people, or would our young people just fail to appear, or in any other way make it embarrassing for the lecturer? Again, what type of questions would be brought out, and would the response be worth the speaker's time? Would there be lack of attention? Did the speaker really know how to put the subject over? Many times the talk was a complete failure, and often over the heads of the young people forming the audience. That has been a frequent criticism of theirs.

So there have been seasons when the talks seem to be losing their popularity, but quite understandably, because speakers really fitted to deal with audiences on the most intimately personal subjects in life are so few and far between. To get right down to the human fundamentals in the soundest way, the speaker and the spoken to must be almost, if not quite, eye to eye.

As we have been working on an Adult Education program this year with Columbia University, I was offered the services of a graduate student, whose chief interest is in mental hygiene. But the demand for more knowledge and frank discussion by girls' groups brought the decision that this worker attend club meetings of the girls (age groups, seventeen to twenty-five years). She joined the

* A paper presented at the Greater New York Regional Conference on Social Hygiene, January 30, 1935.

girls in various activities, such as going up to camp for week-ends. This brought out certain questions, such as:

What is the central motive of life?

What is the most valuable trait in life?

Why do men always want to give me money? Do I look like a prostitute?

Some of these questions discussed were with the individual alone, at their special request. It was felt that some questions, such as the third, were best handled in this way.

Later the question of marriage came up. This brought about a very interesting discussion which centered around the following questions:

Why do people marry?

What is an hermaphrodite?

Is that different from two people of the same sex who live together?

What is a pervert?

What is the girl in the book, *The Well of Loneliness*?

What does bi-sexual mean?

I should like to point out that the reason for these various questions, no doubt, is due to the types of people met with in one of the local, inexpensive restaurants of the neighborhood. There was a time when the average girl living with her family ignored the village life, but the girl of eighteen today is very curious, and greatly puzzled over the methods of living which exist around and about.

The teaching of sex culture rests on several general principles. In the first place, it involves a laying out or a bringing to light of the subject between the two extremes of overgrown curiosity and shame-faced repression. The sex life is so personal a thing that indirection becomes at times more important than direction in its teaching. Often more can be learned from the general principles of wise and extended living than from any single isolated group of sex facts as such. The sex life, too, is subject to a tidal ebb and flow, and the period of the greatest educability for many of its more personal aspects is just precisely the impersonally colored or neutral period of pre-adolescent life. During this time the self-consciousness that so often makes morbid personal issues out of common facts, is still unborn; and like a planting of a seed, the right teaching may result in the garden of a well-ordered life in place of a patch of weeds. Not to be too metaphorical, then, much of the best sex influence is indirect, and the best teaching is incidental to literature and the arts, quite as in the case of biology, anatomy and physiology. And the period of ideal receptivity for the fundamentals is childhood.

One questions very much if it is possible to begin too early. By seven years of age, it is often too late. Officially, one is supposed to let the child take the lead with questions, of which, "Mother, where did I come from?" and "Mother, what do little girls (or boys) look like?" represent the two phases. From the first question refuge may be taken in generalities to some extent. The second backs you squarely up against the realities of human reproductive anatomy, if not of physiology. It would be easier to take the situation by the forelock, and to set the stage for each group of questions as it is about due to appear.

We have had an unusual opportunity, during the past year, to discuss with the younger parents of the community the child problems and behavior difficulties, including this one important item of how one may answer the child's most intimate questions without embarrassment.

This is, of course, a rather different group of people from the other groups I have mentioned and must be handled in a different way. They are intelligent, but have not had the opportunity of close contact with a settlement group until their children were admitted to the nursery school or kindergarten. Without doubt this is one of the splendid opportunities which has been made possible by a community house for this class of people, during a depression when their financial status was at a low level and they felt the pressing need of placing their children under care while they sought work. And then, too, these young parents are so interested in the work we are trying to do for their children that they are eager to know the proper methods of discussing sexual hygiene as well as other general behavior problems.

An effort is to be made to bring a general discussion of habit training and sexual hygiene to mothers' groups—by this we mean mothers of infants and pre-school children who attend our clinics,—and we plan to have our own nursery school teacher or leader among our more intelligent mothers speak to this group and try to give them a better idea of how to handle various problems as they arise. It is a rather slow process to get the group started, due to the time of the workers who have many other duties to carry out and the difficulties of the busy mother with four, five, or six children to care for, who finds it frequently impossible to come out to meetings at the settlement house.

But with some extra effort expended, we feel it is a very worthwhile possibility. Certainly it will prevent a great deal of curiosity and clarify many of the inhibitions which have arisen among our older girls, with which we have had experience in the past.

I have been speaking of the older girls and young children, but am not forgetting the boys and young men with whom we come in contact. It is in this latter group that I feel we have not been as successful as we would like. We have gone over the problems frequently with settlement boys' workers, and these workers in turn have made an effort to talk over intelligently with our young men the problems facing them. Whether because of embarrassment or not wanting others to know their intimate problems, I do not know, but the fact is that we have not been able to ascertain the situation regarding venereal diseases among this group as desired.

A plan was developed this fall which we still have in mind: That is, a consultation service where young men could go to a doctor who will give a physical examination and discuss intimate problems. Any cases of venereal disease found would be referred by him to various local clinics, although here again the facilities for treatment in our own community are very inadequate. This is due to the fact that hospitals have moved away and left the burden on one hospital clinic. And this particular clinic is very crowded during the clinic periods; and the cost of treatment with a private doctor makes it at times easier to go to a drug store and obtain advice, rather than secure the proper medical treatment needed.

Much could be done between local community agencies with this very serious problem if our city could find a way of establishing centres where suitable care could be given, such as the city's tuberculosis centres, which have proved so successful.

Our community is somewhat different, perhaps, than that of the East Side groups. We are dealing with Irish and Italians who still cling tenaciously to many old-fashioned ideas about sex hygiene. And even today the Italian father is so strict with his daughter that her desire to leave home is often more strong and apparent than one thinks advisable. Therefore the settlements still have much to do in breaking down these barriers. One Irish girl, in a recent discussion group, brought out a very interesting point bearing on this. After all, she said, she would like to be honest and discuss certain things with her family, but as soon as she attempted to start without having had the chance to talk first with her mother, the neighbors immediately put fantastic ideas into her mother's head, such as, "You can't have any idea of what's going on in this neighborhood, where there are so many temptations!" This girl realized the problem but needed to discuss it with her parents; and one wonders whether or not this is due to such questions being tabooed both in the home and elsewhere.

It is felt in the newer methods of education in the field of social hygiene that close relationships and personal contacts provide a very

good way of giving people a better understanding; and hand in hand with this, a certain type of reading should be made available in public libraries, letting people know that such books may be borrowed. I refer specifically to such a volume as Karl de Schweinitz's really immortal description of the mental attitude of the confessor, in his book, *The Art of Helping People Out of Trouble*. As an example of this book's popularity, I may mention that we at Greenwich House have purchased it six times, and each time it has disappeared!

Moving pictures, which will be discussed more fully elsewhere during the conference, seem to be a way of securing a better understanding of social hygiene problems by the general public; but this kind of mass education needs to be handled tactfully. By that I mean that I do not feel it should be the main feature, but I think it could be interpolated, as are the animal pictures, travelogues or other educational features.

I cannot see why social hygiene problems relating to marriage should not be discussed over the radio, even though the representatives of the broadcasting stations may question it. Even the poorest of the poor, at the present time, seem to manage to have a radio and spend much time in listening in.

When our young people were asked what they would like to know more about along adult education lines, one of the requests was "love and marriage, but please make it simple, so we can understand it."

I think that organizations in the community have made very great efforts to obtain the confidence of their young people and have tried to find a suitable program that might be carried out in a simple way. We have had other agencies call and ask if we could recommend speakers to discuss social hygiene. I want to make it known that I do not really feel that that particular method has been very successful, as stated before, because the speaker has sometimes been lacking in understanding, and many groups find it difficult to select the really vital comments on which they desire further information.

It is interesting to note that general discussion sometimes has brought out points on mental as well as social hygiene. Some time ago the Neighborhood Association carried a Mental Hygiene Clinic at Greenwich House, but due to financial stress this had to be discontinued, to our great regret. We hope in the future to be able to render some assistance in other ways. Young people have no doubt learned much during this difficult period and have more faith and understanding of the real definition of social hygiene, which in its largest sense deals with social health, the welfare of social groups. The family should be the key, the basic unit of human society, on which discussion is based. Following such an introduction to the

theme of social health, the way will be clear to a more intimate and helpful clarification of the venereal diseases and social hygiene than we had at first. We do want to reach our boys and young men with these subjects. The older young women who are now going forth to marriage have, we trust, learned how difficult it has been for them and they in turn realize the greater need for understanding between themselves and their children to come. Our aim is to do as much for the young men.

We also strive toward a better understanding with other social agencies, and particularly a closer contact with the churches, as well as more hospital services to be made available for the needs of the community.

At times one cannot avoid being discouraged concerning progress made in this work, yet I am sure we all know that young people see things so differently than they did ten years ago. The young parents are so eager to learn, and therefore, the neighborhood must find the ways and means to help them. This means a better understanding on the part of people who are willing to help in one of the most vital problems; as social hygiene means not only so much to the welfare of a community, but most of all, to the happiness of a family.

“Active and emotive care for the good of others is native to the constitution of mankind.” . . . “The love that sex and family generate is the love that buildeth up, the love that can see possibilities and help them to birth, the love that is more than an emotive or an imaginative vision, for it is also, in its full and proper development, a steady and patient devotion of the will towards mate or child, or brother, or friend, and toward the best in each that is yet to be: a love which, trained by the great sentiment of family, is made ready to spread abroad to neighborhood and beyond.”

C. F. NEWSOM.

CHILD QUESTIONS AND THEIR ANSWERS

A LESSON IN SOCIAL HYGIENE

OLIVE WOODRUFF

Cottage Mother, Ohio Soldiers' and Sailors' Orphans' Home, Xenia, Ohio

"He is too young to understand." How frequently this excuse is given by a well meaning but embarrassed adult as he rationalizes himself out of a difficult situation. A child, his or someone's else, has asked a question that calls for information about which the adult has long since built up a strange complex. Children are honest, sincere and rather scientific in their search for knowledge, and questions that seem so brutally frank and personal to the adult are really quite casual and objective to them. This is true except in cases where experience has taught them otherwise. We should do our utmost to preserve this non-emotional attitude in children and should give them the sex information they seek, even at an early age, just as we satisfy their needs along other lines. That this can be done with large groups as well as with individuals is shown by the following actual experiences which occurred with a group of children in one of the Peter Pan cottages of the Ohio Soldiers' and Sailors' Orphans' Home, Xenia, Ohio.

Picture, if you will, a group of thirteen boys, six and seven years of age; healthy, active, normal; full of curiosity and the determination to satisfy it; surrounded by the usual sex misinformation that seems to be present wherever children are thrown together; boys coming to us with a background oftentimes filled with an undesirable type of sex experience; boys still at the impressionable age, ready and eager for the truth and responding quickly to sincere, understanding treatment;—these are the children who, with their cottage mother, adventured together in the field of social hygiene.

The boys had been encouraged to have pets and the cottage was filled with everything from crickets to cats. Life was a continual process of naming and providing proper living conditions for 'our little friends.' Then one bright sunny morning in May, Wendall, aged six, brought in a pair of mating toads with a quantity of eggs

still fastened to the female's body. The questions came very fast indeed. "What are those toads doing?" "Is that a baby toad on its mother's back?" "Is that one (the male) hurting the other one?" "Why is that one (the female) carrying the other one on her back?" "Where does that stuff (the egg mass) come from?" etc., etc. There was no end to these queries.

Realizing that the information must be very accurate and that it was a splendid opportunity to teach an understanding of mating, the supervisor answered; "I do not know, but I will find out for you this afternoon." A hurried trip to the library and a few hours of reading provided the necessary information and background for the discussion. After supper we took the toads, which had been put in a special cage called a vivarium, into the living room where we had books and other material ready for the study.

The vivarium was put on a low table where all the children could easily see what was going on. As the toads had now separated and seemed disturbed by the moving of the vivarium, we began talking about the eggs. Looked at through a magnifying glass, the life of the egg was traced through the various stages of growth into the polliwog and then into the tiny toad. Pictures of the various stages were shown and many questions asked. Much of the information was read directly from the books. The various characteristics of adult toad-life were then explained—the queer tongue, the breathing, skin-shedding, and food habits. Next the differences between the male and female toads were pointed out, largely by observation by the children. As the words male and female were new to the children, other examples were given—cows are female, bulls are male; sows are female and boars are male; girls are female and boys are male—so that the children realized that all kinds of animals they know have males and females.

During the discussion the male toad had tried to regain his position on the back of the female and the questions came again. "What are the toads doing?" "Why do they have to do that?" First we determined which was on top and which underneath and then the following information was given:

"Inside the female or mother toad are the eggs or egg-cells and they come from her body in a long jelly-like string. Inside the male or father toad's body are a lot of very small bits of living matter, called sperms or sperm-cells which come from his body in a liquid. Unless a sperm-cell joins an egg-cell it will not grow into a polliwog and then into a toad. In order to be sure that the sperm-cells do join the egg-cells, the male toad gets on the back of the female toad and as the egg-cells come from her body the sperm-cells come from

his, and then the cells join. Whenever a male and a female animal unite in this way we call it 'mating,' and when the sperm-cell joins the egg-cell we say the egg is 'fertilized.' " The word 'fertilize' was not a new one to the boys and the question of garden fertilizer came up. It was explained that fertilize means 'to make things grow' and that we put fertilizer on plants and grass to help them grow. The sperm-cell joins the egg-cell and makes it grow into a new animal so we may say the sperm-cell 'fertilizes' the egg-cell.

There followed a short discussion in which the boys used the new terms "male," "female," "sperm-cells," "mating," and "fertilize." They seemed to have grasped the idea very well and their attitude was serious, interested and quite objective and scientific. The toads were kept in the cottage for several days and then the boys were led to understand that it was more humane to let them go back to their native habitat.

One week later the subject of mating came up again with this same group of boys. They were all present in the playroom discussing the newest set of pets—a pair of crayfish. Many questions were asked concerning the egg mass present beneath the female's body and all the boys seemed eager to know more about these strange creatures. Books and pictures were again consulted and the life cycle of the crayfish was explained, the reproduction being only one of the many unique features of its life habits. The discussion changed from crayfish to rabbits when some one asked how many rabbits had been born that day. This conversation followed:

Miss W.: "Do you all know where the baby rabbits came from?"

Chorus: "Yes. The mother laid them."

Bob: "No, hens lay eggs, but rabbits are born. You only say something is laid when it's an egg."

Miss W.: "Yes, that is right. Whenever babies grow inside the mother's body, and are finally big enough to come out, we say they are born."

Harry: "Why doesn't Bunny Bright-eyes ever have any babies?"

Miss W.: "Because he is a father bunny. It is only the mother animals, the females, who have babies."

James: "Our mother bunny was killed, wasn't she?"

Miss W.: "Yes. Perhaps some day we will have another one and then she and Bunny Bright-eyes can have some babies."

Charles: "Did the other father bunny help make those bunnies?"

Miss W.: "Yes."

Chorus: "How?"

Miss W.: "Well, you remember when we had Mr. and Mrs. Toad as pets; Mr. Toad mated with Mrs. Toad and sent the sperms from his body to the eggs that came from her body and we learned then that it takes two parts to make a new baby animal—the egg from the mother and the sperm from the father. The same thing is true with bunnies. The father bunny places the sperms in the mother bunny's body and they join the egg-cells that are already there and then the baby rabbits begin to grow. That is the reason the father bunny's body is made differently from the mother bunny's; so he can mate with her and send the sperms to fertilize the eggs so the new bunnies can start growing."

Bob: "How does he do it?"

Arthur: "How does the father bunny put the 'squermis' in the mother bunny?"

Miss W.: "You mean sperms, don't you? That is not a hard word. Let's all say it.

Chorus: "Sperms"!

Miss W.: "That's right. Well you see the egg-cells are inside the body of the mother bunny where they will be safe from all harm. Before they can grow into baby bunnies they must be joined by the sperms from the body of the father bunny. Now these sperm-cells are inside his body, but they can get to the outside through a little tube or pipe that comes down through the penis. When the father bunny mates with the mother bunny, he sends the sperms down this tube, which just fits into an opening in the body of the mother bunny, and the sperms go from the tube into the body of the mother bunny and join the egg-cells which are already there. When this happens we say the eggs are fertilized and we know the baby rabbits will begin to grow."

James: "There's nothing bad about that, is there Miss W.? That's true isn't it?"

Miss W.: "Yes, Jimmy, I wouldn't tell you things that were not true."

Bob: "You haven't any babies inside of you, I know that."

Arthur: "Of course not. She's not married."

Bob: "Do you have to be married to have a baby?"

Miss W.: "No. All grown up women can have babies, but it is much better for the baby to have both a father and a mother to take care of it."

Harry: "What does getting married mean?"

Miss W.: "When a man and a woman love each other very much and they decide that they would like to have a little home and live together always and have some children, they get married."

Harry: "Yes, but how do you get married?"

Miss W.: "Well, first the man and the woman who want to get married go and see the city clerk in the town where they live and get a license, which is a paper that gives them permission to get married. That is so if one of them is not playing fair and is already married, the other one would find it out. Also, everybody is interested in knowing who is married and so the city government keeps records. After they get the license, they have a wedding and that is when they really get married. Usually they go to a church because they want to be where it is quiet and beautiful. Usually there is soft music playing. The minister stands up in the front of the church and the man and woman come and stand facing him. He asks the man if he will take care of the woman and help her and be kind to her and love her always, and the man says 'I will.' Then the minister asks the woman if she will live with the man and help him and love him always, and she says 'I will.' The minister doesn't use just those words, but that is what they mean. Then the man usually puts a ring on the woman's finger and the minister says 'I pronounce you man and wife.' When he says that, they are married. Then the minister and several witnesses sign the certificate attached to the license—and it is sent to the court house or some other building where all legal records are kept."

Harry: "Is that all?"

Miss W.: "Yes."

Chorus: "All right. Now can we play a game?"

Thus thirteen boys learned of mating and marriage and formed the beginnings of the right attitude towards one of life's most important processes. Had it been felt that the boys were "too young to understand" when they asked sincerely "What are those toads doing?" they would have missed this vital lesson in social hygiene.

EDITORIALS

"IN CONFERENCE"

Though the term has become a little threadbare through constant usage, and has sometimes conferred a misplaced ponderosity on trivial events and occasions, "in conference" nevertheless has a real meaning to those who devote their days—and much of their nights—to the difficult job of improving the world's health and welfare. The nose kept too close to the grindstone prevents its owner from seeing anything but the drab, monotonous surface whizzing by. All work and no play make both Jack and Jill everlastingly dull, and while the strenuous, crowded hours put in by most conferees could scarcely be described as recreation, there is no doubt that attendance at the big conference meetings is a stimulating, revitalizing experience, and worth for those who are present all the effort that goes into their planning and organization. To get far enough distant from one's own environment and duties to get a proper perspective, to hear what the other fellow thinks and compare his opinions and methods with one's own, to catch a vision of the whole design of work in the mass—these are some of the blessings that derive from being "in conference."

Most beneficial of all, of course, is the aftermath,—what remains in mind and is translated into practical use after the echoes of exhortation, discussion and debate have died away, and the conferee is back home trudging again the familiar round. It seemed to us that the recent Regional Social Hygiene Conference held under the auspices of the Greater New York Social Hygiene Council provided more than the ordinary grist of helpful and not-to-be-forgotten information, and we believe that our opinion is borne out by all who attended. For those of our readers who were unable to be present, however, and for general reference, we take pleasure in bringing together in this number of the JOURNAL some of

the outstanding and valuable talks which made up the program. Other addresses given on this occasion we understand are to be printed in *Better Times* and other publications, so that most of the material presented will be available in one form or another.

We are glad also to call attention through *News and Abstracts* and *News from Other Countries* to several other important conferences to take place during 1935. At all of these, persons interested in social hygiene will be welcome and will find refreshment of mind and spirit if they are able to attend.

MAY DAY AND MOTHER'S DAY

The month of May, as we have often reiterated, is a month especially dedicated to the family. Two dates stand out on the calendar nowadays as significant to every family in the country: May Day, which through the efforts of the American Child Health Association and the other cooperating agencies has come to be widely known as Child Health Day—diphtheria immunization is the objective of this year's program—and Mother's Day, fast becoming equally as well recognized as a health event through the Maternity Center Association's yearly campaigns to "make maternity safe."

News and Abstracts gives details of both these important programs for safeguarding health (see pages 189-90), but we want particularly to call attention to one point which cannot be emphasized too often; namely, that child health and mother health are both family affairs, and all the efforts of national, state or community agencies, voluntary and official, are worth very little unless parents and family groups understand what is necessary to be done and become convinced that they must help do it. The keystone of the arch is intelligent family cooperation.

"Not until the average parent realizes that the mother of today is not getting the care that makes motherhood safe, will the situation be changed," says the Maternity Center Association in commenting on the 15,000 annual deaths in child-

birth in the United States. "Our task is to assist in getting information on the need for diphtheria immunization to parents in all communities, and to urge them to act without delay," states Dr. Samuel J. Crumbine, General Executive for the Child Health Association.

Community health agencies may well take these statements as texts for their efforts in these directions.

ABRAM W. HARRIS

The American Social Hygiene Association was scarcely two years old when, on October 8, 1915, Abram W. Harris, then head of Northwestern University, was elected to succeed Dr. Charles W. Eliot as President of the new organization, Dr. Eliot becoming Honorary President. Before and after that time Mr. Harris's active interest in the social hygiene movement never flagged. In addition to his many services rendered to the national association he carried on vigorously in his own community, serving as chairman of the Chicago Vice Commission in its early efforts to rid the city of commercialized prostitution, and for many years as vice-president of the Chicago Committee of Fifteen which conducts current efforts toward the same objective.

In his association with such voluntary social agencies he showed the same qualities which exhibited themselves to such advantage in his chosen profession of educator. All who knew him and his work paid tribute to him as an administrator, and the rapid growth of Northwestern University during his regime, including the founding of several new schools and the erection of numerous modern buildings, set a pace for other educational institutions to follow. Leaving Northwestern in 1916, he became secretary of the board of education of the Methodist Episcopal Church, which office he held until 1924, when he retired to live in Manset, Maine, near the scene of his early life as President of the University of Maine.

He was seventy-seven years old when he died on February 21 at the home of his son, A. W. Harris, Junior, in Philadelphia. Of him Browning's words are surely true: "How good is man's life, the mere living!"

NEWS AND ABSTRACTS

Child Health Day—1935.—Diphtheria immunization has been chosen by the May Day Committee of the State and Provincial Health Authorities of North America as the May Day-Child Health Day project for 1935. It was chosen because there has been practically no reduction since 1930 in the number of deaths from diphtheria throughout the United States. Some states have accomplished a marked reduction in the number of deaths, hence it follows that others have a proportionate increase, indicating that the proven method of prevention has not been satisfactorily applied.

Believing that immunization should be the work of the private physicians, and in order to obtain the cooperation of physicians in this work, the suggestion has been offered to each state health officer in the United States that he send a communication to each physician in his state urging:

That patients who have children under school age be reminded of the need for immunization.

That patients be asked to bring their children to be immunized.

That it be made a routine of practice in the future to immunize, during the first year of life, all babies under care.

Even with certain states nearing the goal of *no deaths from diphtheria*, the Health Officers who have been heard from have responded enthusiastically to this suggestion, says Dr. Samuel J. Crumbine, Executive Director of the Child Health Association. Officers of the United States Children's Bureau, the United States Public Health Service, the American Academy of Pediatrics, and the American Pediatric Society promised that those organizations will cooperate.

The objective of the plan is to immunize all children between the ages of six months and six years, and to maintain this as a continuing service. Concerted action by State Departments of Health, the medical profession and parents should make the accomplishment of this objective possible. Our task is to assist in getting information on the need for immunization to parents in all communities and to urge them to act without delay.

Social hygiene agencies are asked to assist in this task as they have done with the May Day-Child Health Day plans of other years. Since the entire plan is based upon the cooperation of Departments of Public Health and the medical profession, both should be consulted in any community plans for diphtheria immunization. Any assistance will be much appreciated by both the State and Provincial Health Authorities of North America and the American Child Health Association.

The Fifth Annual Maternal Health Campaign.—A nation-wide campaign to make maternity safe has been planned by the Maternity

Center Association, 1 East 57th Street, New York City. The climax of the effort will be timed for the week previous to Mother's Day, which falls this year on May 12th.

Mrs. Shepard Kreeh, President of the Association, has sent out a widespread call for the cooperation of churches, women's clubs, civic and educational institutions, offering without charge to supply groups with suggestions for local programs to improve maternity care.

"Our object," states Mrs. Kreeh, "is to make maternity safe." Leading authorities tell us that at least one-half the deaths in childbirth could be prevented by adequate maternity care. More than 15,000 women in this country die annually in childbirth. The death-rate has remained practically stationary during the last twenty years, despite the knowledge which exists and is available in almost every community in the country, which could save these women.

"Not until the average parent realizes that the mother of today is not getting the care that makes motherhood safe, will this situation be changed. It will not be changed so long as fathers believe they have discharged their entire duty toward motherhood by sentimental expressions on Mother's Day, forgetting that there are 365 mother's days in every year, and that on each of them women have babies.

"Today safe maternity care is not available to every expectant mother at a price she can afford to pay. Tomorrow it can be, if lay and professional people in every community will combine in the effort to inform parents everywhere what the six principles of adequate maternity care are, so they can demand that this care be made available in every community, rural or urban.

1. A complete medical examination early in pregnancy.
2. Regular and frequent medical supervision.
3. An aseptic delivery under the supervision of an obstetrician.
4. Supervision, care and instruction until the mother is able to resume her work.
5. Examination of the mother at six weeks, three months, six months and one year after the baby is born.
6. Arrangements for continuous medical supervision of baby.

"Parents and doctors working together with community organizations should be able to secure complete maternity care for every expectant mother in the community whether she goes to a private doctor or to a hospital clinic.

"Do not allow another Mother's Day to pass," local agencies are urged, "without taking the first step toward making maternity safe for the mothers in your community."

This is the fifth annual campaign conducted by the Maternity Center Association.

Social Hygiene at the 1935 National Conference of Social Work.—June 9 to 15 are the dates set for the Sixty-Second Annual Meeting of the National Conference of Social Work at Montreal, Canada. Social Hygiene headquarters are at the Mount Royal Hotel. The subject will be featured at several sessions, and an exhibit and consulta-

tion booth will be maintained, as usual. At present the program calls for the following social hygiene meetings:

- Tuesday, June 11, 2 p.m.** A joint session with the National Tuberculosis Association.
Subject: *The Common Ground of the Tuberculosis and Social Hygiene Campaigns*
- Thursday, June 13, 4 p.m.** A joint session with the Church Conference of Social Work and the Episcopal Conference of Social Work
Subject: *Family Relations and Marriage Counseling*

Details of program and further information will appear in the *Social Hygiene News*. Social hygiene workers are urged to let us know in advance if they are likely to attend the Conference and to have special problems for discussion.

Health Education Conference to be held at Iowa City.—Announcement is made by the American Child Health Association of the Association's eighth Health Education Conference, to be held in Iowa City, June 19 through June 22, 1935, at the invitation of the University of Iowa. The conference will be held in conjunction with the ninth annual Iowa Conference on Child Development and Parent Education, which is scheduled for June 17 to 19, inclusive.

The American Child Health Association held its first Health Education Conference in 1922. Since then, three have been held in New York State and others in California, Massachusetts, Illinois and Michigan. These conferences, which attract a nation-wide attendance, are for the exchange of experiences and for the free discussion of current problems in the field of health education.

The Iowa Conference on Child Development and Parent Education is sponsored by the Iowa State Council for Child Study and Parent Education. The program is under the direction of the Iowa Child Welfare Research Station and the Extension Division of the State University of Iowa, cooperating with the Council, Iowa State College of Agriculture and Mechanic Arts, and Iowa State Teachers College.

On June 19, with both conferences in session, the two programs will be arranged jointly.

The Child Development and Parent Education Conference will be open to all who care to attend. Dr. George D. Stoddard, Director, Iowa State Child Welfare Research Station, is arranging its program. The Health Education Conference will be primarily a working conference, and for the working sessions attendance will be limited to about two hundred. Invitations to participate will be issued, as usual, by the American Child Health Association through its Director of Educational Service, Miss Anne Whitney, 50 West Fiftieth Street, New York City.

Further Developments Regarding the Conference on Education for Marriage and Family Social Relations.—As a next step in presenting the findings of the Conference on the above subject held at Teachers College, Columbia University, last July, the Continuation Committee has distributed copies of the Conference *High Points*,

reprinted from the JOURNAL OF SOCIAL HYGIENE (December, 1934) to all consultants of the Conference, all persons registered, and a selected group of other persons known to be interested in education that concerns the family. These persons are asked to discuss and criticize the outline and digest of the group reports represented by the *High Points*, and to suggest changes or additions either in form or content. A meeting of consultants is tentatively scheduled for Friday, April 26, 10 A.M. to 4 P.M. at Teachers College for further discussion of the form and content which the final report is to include.

The Human Betterment Foundation Reports on a Year's Work.—

The following statement is abstracted from the report submitted for the year ending February 12, 1935, to the Foundation's Board of Directors by the Secretary, Paul Popenoe.

"During the past year a large part of the resources of the Foundation has been devoted to a second survey of sterilization in California, in collaboration with the California Bureau of Juvenile Research. The task of collecting case histories from the state institutions was completed by the Foundation workers, and all of these were tabulated and coded. Hollerith cards were then punched for each individual, 67 facts being thus recorded for each of about 8,000 persons. These cards are now being sorted to make 1500 scatter diagrams, which will reveal the correlations of all of the facts. Males and females are tabulated separately, as are also the insane and feeble-minded. In this immense but highly important task, the staff of the Foundation has been helped by six State Emergency Relief Association workers furnished by the Bureau of Juvenile Research. The study should be completed within the next year, and will not merely bring up to date the previous study which this Foundation made (beginning in 1926), but will extend it and result in a great deal of new and valuable information.

The Foundation had a poster exhibit in connection with the annual meeting of the American Public Health Association in Pasadena in September. The State Board of Health of North Carolina also borrowed our posters for an exhibit in connection with its State Conference of Social Workers. In addition, the posters have been displayed at a dozen all-day conferences of the Institute of Family Relations in various parts of the state.

Publications during the year have continued to present the facts on sterilization to large audiences. A great deal of time has been given to the preparation of a comprehensive survey to sterilization legislation which the President was asked to contribute to the Yale Law Review. This will bring the legal aspect of the whole subject up to date.

Continued study has been given to the laws of other states at the request of local groups who desired either amendment of their laws or to draft laws providing for sterilization. A great deal of time has been devoted to a continued study of the needed changes in the California sterilization laws, and a bill has been worked out which would revise the present statutes and undoubtedly give California the best sterilization law in existence. This material was laid before some of

the members of the legislature, and a bill for such revision has been introduced.

The biennial tabulation of sterilization statistics from the entire United States is now under way. Returns already indicate that there has been a definite and marked increase in the use of sterilization laws during the past two years.

A special attempt was made to distribute educational material through the newspapers. As an experiment, an expert publicity agent was employed to direct this work. In this way, we have secured an accurate presentation of important information and brought it to the attention of hundreds of thousands of people who would otherwise not have been reached. In the light of the experience thus gained, further plans are now being matured to make use of this channel for the distribution of knowledge. In addition, newspaper comment on sterilization throughout America has been followed closely through clipping bureau service, and whenever inaccurate editorial comment is noted, a letter has been sent to the editor giving him the facts.

The office correspondence of the Foundation becomes heavier each year as its work becomes more widely known. Its services are continually sought by writers, readers, editors, students and others interested who want information, literature, book reviews, *et cetera*, and those who desire information as to sterilization in private practice.

County Control of Venereal Diseases in New Jersey.—Dr. Franklin Church, writing in *Public Health News*, bulletin of the New Jersey State Department of Health, (November, 1934) gives an interesting account of a county project for control of syphilis and gonorrhea.

Two years ago the authorities of Salem County, New Jersey, decided that a period of depression was no time in which to retrench in the work of controlling venereal diseases, and, probably, that treatment of infected persons was a sure method of retrenchment for the taxpayer, and would aid the economic recovery of the individuals. Accordingly they established a budget and allowed the work to expand. At present six afternoon clinics are held weekly and there is a yearly attendance of about 8,000 clinic visits. One hundred and seventy-five cases of syphilis are treated monthly, not including cases of congenital syphilis. All infectious persons are controlled and treated, as required by law, until no longer infectious. Patients who will cooperate are treated until cured, but only in special cases is anything more than sterilizing treatment insisted on at the present time.

County control of venereal diseases is regarded as the important link in the establishment of the peculiar type of public health control needed to solve this vital problem. It is a flexible, adequate, and efficient method of accomplishing this important and necessary service.

Social Hygiene Education in New Mexico.—An interesting educational project, which should have good results, is being conducted in the State of New Mexico by Dr. J. R. Earp, Director of the State Bureau of Public Health. Each month Dr. Earp prepares

for the newspapers in the state a "feature story" on some aspect of health, as it exists in New Mexico not only giving the bald local statistics, but interpreting and explaining them for the lay reader, with a little background information and prudent advice for the future thrown in for good measure. Several of these "stories" have dealt with social hygiene. The example given below is typical:

"Last month the doctors of New Mexico reported 87 new cases of syphilis, 91 new cases of tuberculosis. This does not mean that there were more new cases of tuberculosis than of syphilis in the state. We have good reason to believe that the reverse is true. We know that there is a greater tendency to avoid reporting syphilis. We know, from our health survey, that for every case of syphilis that is reported to us there are three cases actually under medical care and more than sixty cases who have not even consulted a doctor and so cannot possibly be reported.

If every case of active syphilis were known to the health authorities, if they were allowed to investigate both the origin of the infection and the contacts of the infected case, it would be scarcely a year before this most dangerous, widespread and expensive disease would be completely under control.

There are twenty thousand people in New Mexico who, on the average, will go on living just half as long as they might have done if they had not contracted syphilis. This is the price we pay for our respectable ignorance.

At least a thousand unborn babies are infected every year in this state with syphilis. The fortunate ones die before they are born. Practically all these babies could be saved if the people knew of the danger and all expectant mothers had their blood tested early in pregnancy. We sacrifice their lives and the virility of our race to our respectable ignorance.

That great physician, William Osler, believed syphilis to be the biggest killing disease. If we would allow common sense to triumph over convention there is no other disease which could be brought so quickly, so completely, under our control."

American Neisserian Medical Society Founded.—With the organization of this society, on June 12, 1934, a forward step was taken in the field of medicine relating to the gonococcus and gonococcal infections. Dedicated to the promotion of knowledge in all that relates to this field, that there may be attained improvement in the management of gonorrhea and a reduction in its prevalence, the new society announces the following program:

1. The scrutiny of the management of gonorrhea in both male and female.
2. Clinical and laboratory research in the diagnosis, medical and social pathology, and the treatment of gonorrhea.
3. Dissemination among the medical profession and the public of authoritative information concerning gonorrhea.

There are 115 charter members, and the officers are: Honorary President, Dr. Edward L. Keyes, New York; President, Dr. J. Delinger Barney, Boston; Vice-President, Dr. P. S. Pelouze, Philadel-

phia; Secretary-Treasurer, Dr. Oscar F. Cox, Boston. The officers, with the following named, constitute the Executive Committee: Dr. A. L. Clark, Oklahoma City; Dr. Walter Clarke, New York; Dr. R. D. Herrold, Chicago; Dr. N. A. Nelson, Boston.

Invitation to membership is extended to all qualified physicians who desire to work for improvement in the management of gonorrhea. Applications should be made to Dr. Cox, the Secretary, at 475 Commonwealth Avenue, Boston.

Syphilis in Mental Patients.—The 1933 census of patients in state hospitals for mental disease, recently published by the United States Bureau of the Census, reveals the fact that 6,966 patients with syphilitic psychoses were admitted in 1933 to mental institutions for the first time. Of these, 5,861 were general paralysis cases and 1,105 were cerebral syphilis. The former group were 78 per cent male, the latter 71 per cent. Together these cases constituted 10 per cent of all the mental cases admitted during the year. This represents a slightly smaller proportion than shown in the 1932 census, when these two psychoses together equalled 10.2 per cent of first admissions.

The 1934 Annual Report for the Central State Hospital of Indiana provides further data on the subject of syphilis in mental patients. It is reported that from 1925 to 1934, 433 cases, mostly general paralysis, were treated with malaria. In order to demonstrate the therapeutic value of malaria in the treatment of general paralysis, 278 patients received malaria only and were not followed up by any other specific treatment. In this way a most valuable material for clinical and anatomical research has been accumulated, which shows clearly that it is the malaria treatment which brings serological and clinical improvement, and not the specific antiluetic treatment with which the malaria treatment is followed up so frequently. The report states that in common with other workers, however, they believe that the results of the malaria treatment of general paralysis can be improved by an additional specific treatment. At present there is already under observation a group of 53 patients who have been given the combined malaria-stovarsol treatment. In the Central State Hospital general paralysis and cerebral syphilis first admissions made up 69 out of 250, or 28 per cent of all cases received during the year.

Is Syphilis in Pregnancy Declining?—A study under way of the work of prenatal clinics in the prevention of syphilis brings an interesting and significant report from the Massachusetts State Board of Health.

Reports were received from 17 of the 23 prenatal clinics on record in the state. The first cheering item reported is, that all of the clinics reporting performed serological tests for syphilis routinely on all applicants in 1934. Six of the clinics report on routine tests for the past 5 years, the others, for from 1 to 4 years.

Summarizing the data from the 12 clinics which gave full data for 1934, we find the following:

Year	Number Clinics				Total	Per cent	Per cent
		Positive	Doubtful	Negative		Positive	Positive and Doubtful
1934....	12	55	37	4,543	4,635	1.19	1.99
1933....	10	39	44	3,402	3,485	1.12	2.38
1932....	9	50	54	3,535	3,639	1.38	2.94
1931....	7	66	47	2,443	2,556	2.58	4.42
1930....	6	39	13	1,582	1,634	2.39	3.19

Summarizing three Boston clinics for 1928, 1929 and 1930:

Year	Evidence of Syphilis	No. of Cases	Per cent positive
1930	105	7,680	1.37
1929	116	6,356	1.83
1928	89	6,310	1.41

It is interesting to compare these figures with those reported by Dr. William A. Hinton in the American Journal of Syphilis, Volume 7, No. 1, January, 1923, as the result of his study of the blood tests of 10,427 pregnant women during the period of June, 1915, to June, 1919. His figures are as follows:

	Cases	Positive	Doubtful	Positive and Doubtful
Boston Lying-in Hospital.....	7,121	372 (5.24%)	353 (4.95%)	10.19%
Florence Crittenton League of Compassion.....	264	11 (5.6%)	16 (5.97%)	11.57%
Lowell Corporation Hospital....	370	9 (2.43%)	5 (1.33%)	3.76%
N. E. Hospital for Women and Children.....	2,672	41 (1.57%)	31 (1.12%)	2.69%
Totals.....	10,427	433 (4.18%)	405 (3.85%)	8.03%

Comparing these early data with those of recent years we get the following:

	Positive and Doubtful 1915-1919	Positive and Doubtful 1928-1930
Boston Lying-in Hospital.....	10.19%	1.4%
Florence Crittenton Home.....	11.57%	2.19%
N. E. Hosp. for Women and Children	2.69%	.63%

The whole group of 12 hospitals covering 4,635 cases in 1934 reported 1.99% positive or doubtful as compared to 8.03% positive or doubtful in Hinton's series of more than 10,000 cases.

The clinics which returned the recent questionnaire admitted 15,949 cases during the last five years, of which 2.79% were positive or doubtful as compared to 8.03% positive or doubtful in Hinton's series.

In concluding the report, Dr. Henry D. Chadwick, Commissioner of Public Health of Massachusetts says, "It would seem that there is good evidence that there is considerably less syphilis in pregnant women today in Massachusetts than was the case some ten or fifteen years ago."

NEWS FROM OTHER COUNTRIES

The Seventh Imperial Social Hygiene Congress.—The British Social Hygiene Council announces that the Seventh Biennial Social Hygiene Congress will be held in London at the London School of Hygiene and Tropical Medicine from Monday to Friday, July 8th to 12th, 1935. This year the Congress will coincide with the twenty-first anniversary of the Council, and it is hoped to associate it with the "Coming of Age" celebrations. As the Royal Silver Jubilee will take place a few weeks earlier it is anticipated that a larger number of visitors than usual will be in England and able to attend the Congress to represent the different parts of the Empire. A cordial invitation to appoint delegates is extended to Government Departments, health and education authorities and universities in the British Isles and in the Empire Overseas, to branches of the Council, as well as to International, National and Imperial educational, medical and sociological organizations.

The program will include concurrent sessions on biological and social hygiene education, and on medical problems of a practical and administrative kind. It is hoped also to arrange an exhibit of films and equipment and of materials for biological teaching. Further details will appear in future issues of the JOURNAL.

Progress in Venereal Disease Control in England and Wales.—*Health News*, the weekly bulletin of the New York State Department of Health, published in its issue of December 17th an excellent review of the venereal disease situation in England and Wales, as summarized from the 1933 Annual Report of the Chief Medical Officer of the Ministry of Health:

Continuous education of the public in the dangers of the venereal diseases plus sufficient treatment are steadily winning the battle against syphilis in England and Wales.

Nearly eighteen years ago the "Venereal Diseases Scheme" now in operation in those countries was set up on the recommendation of a Royal Commission. The plan takes account of the three venereal diseases of any importance in the area concerned: viz, syphilis, soft chancre and gonorrhea. It is based on the broad principles that the most effective methods of preventing the spread of these diseases are to educate the public in their dangers and to treat the infected. Under it the county and county borough councils have set up, either through voluntary hospitals or in premises administered directly by themselves, a large number of treatment centers and have carried out either directly or through the agency of the British Social Hygiene Council a more or less continuous education of the public.

Syphilis

The scheme has been attended seemingly by a considerable measure of success with respect to syphilis. The gross returns show that the cases dealt with for the first time at the treatment centers fell from a minimum of 42,805 in 1920 to 21,525 in 1933, the lowest yet recorded. Corrected to eliminate duplication of cases who had attended more than one center during any year and to distinguish between infections of less than one year's duration and those of older standing, the figures show that the new infections dealt with for the first time at the centers fell from 9,104 in 1931 to 8,090 in 1933.

Syphilis is not being transmitted to wives or offspring so freely as in the past, if one accepts as a criterion the figures relating to its incidence in pregnant women attending a local antenatal center and to the mortality of infants from syphilis. This seemingly decreased incidence of transmission to wives and children, it is pointed out in the report, may be due partly to a lessening of the general incidence of syphilis and partly to greater care by men to ascertain that they are noninfectious before marrying.

Another effect of the treatment having been made so freely available to the infected public is apparent in the scarcity of cases showing severe external signs of the disease.

Treatment Centers

Treatment centers at the close of 1933 numbered 186 of which 122 were conducted in voluntary hospitals. At ten centers, medical officers could be consulted at any hour of the day or evening on weekdays, and the number similarly providing intermediate treatment, such as irrigations for cases of gonorrhea, dressings and so forth by or under the supervision of attendants, was 172. The great majority of the centers have accommodation for in-patient treatment, and the number of beds constantly occupied in 1933 was approximately 398. Experience continues to show that the centers that have been arranged for the treatment of venereal diseases expeditiously and with due regard to the patients' desire for privacy under examination, and where also the directors are primarily specialists in venereal diseases, are by far the most popular. In addition to the facilities provided at the venereal diseases treatment centers, special arrangements existed at a number of maternity and child welfare centers for the diagnosis and treatment of gonorrhea and syphilis in their patients.

Soft Chancre

Soft chancre has ceased to be a problem of any magnitude in England and Wales since the inception of the "Venereal Diseases Scheme." The evidence seems to show that most of the cases are imported as they are found by far the most frequently at the port centers.

Gonorrhea

Gonorrhea shows no evidence of any decline. Little change in its incidence is anticipated, according to the report, until either a specific

remedy is found for the disease or the proportion of infected women applying for treatment increases very materially. "Neither in this country nor in others do women realize the importance of having vaginal discharges properly investigated and greater educational efforts are necessary in this respect."

On the point of inducing patients to continue treatment the report says: . . . whatever opinion may be held with regard to the question of compulsion of "defaulting" patients to re-attend, it cannot be doubted that other means of preventing discontinuance are absolutely essential, and that without them discontinuance would become serious. Amongst other methods of encouragement are amenities in treatment centers (including sympathy with patients), and constant reiteration of advice to patients to continue attendance until objective tests carried out by the medical officers prove that adequate treatment has been given. Such advice does much to prevent discontinuance, but it must be supplemented by education of the public to such a degree that the importance of perseverance in treatment becomes common knowledge.

Instruction of Pupil Midwives in Social Hygiene

The London County Council has taken a definite step toward regularization of the instruction of pupil midwives in London by arranging with a selected number of treatment centers to instruct on a given plan the pupil midwives of all the training schools in the London area. Instruction is based on the principle not that it is necessary or possible to teach midwives how to carry out the treatment of venereal diseases but only to make them aware of those signs and symptoms by which they would be led to suspect the presence of venereal diseases in their patients and to advise examination by an expert.

International Unemployment and the Young.—In the third and last part of the series of pamphlets published (1934) by the Save the Children International Union on the effects of unemployment on children and young people we find reports on the situation in Bulgaria, Esthonia, Finland, France, Hungary, Norway, and Sweden. M. Paul Wets, Children's Court Judge at Brussels, sums up the opinions—on the whole, negative—of his colleagues in Belgium with regard to the influence of unemployment on juvenile delinquency; and Mr. F. Sempkins, secretary of the International Bureau for the Suppression of Traffic in Women and Children, comes to a similar negative conclusion with regard to prostitution among the young, although a general laxness in sexual morality has to be admitted.

The general conclusions drawn from the whole enquiry make it clear that the influence of unemployment on the physical health of the child are scarcely to be separated from the very grave effects of the general distress caused by the economic crisis. On the other hand, the child of the out-of-work suffers psychologically much more than does the child of parents whose poverty is due to other causes, particularly on account of the atmosphere of insecurity and tension prevailing in the home, not to speak of the changed relations existing

between the different members of the family. The psychological effects are much more striking in the case of the unemployed Young Person, for whom, while waiting for an easing of the labour market, *work* of some sort is the only really efficacious relief measure.

Italy—Statistics for Syphilis from 1920–1933.—Candido Maderna. *Dermosiflografo*, Torino, 1934, IX, 438.

Statistics are given for various countries and for various cities in Italy. As a rule after the post-war rise there was a fall extending from about 1920 to 1926 or 1928 and since then a rise again up to the present time. The figures for the venerological dispensary of the University of Naples show a high peak in 1925 and since then no increase and even a slight decrease both in the number of fresh cases and the number of secondary and tertiary cases.

There has also been a decrease in the severity of the cases. There are very few of the extremely destructive cases that were seen before the introduction of arsenic treatment but there is an increasing tendency to mild cases and to latency.

Jugoslavia—The Jugoslavian Law for the Control of Venereal Disease.—Mitt. d. deutsch. Gesellsch. z. Bekampf d. Geschlechtskr. Berlin. Nov.–Dec., 1934, 32:181.

A law for the control of venereal disease in Jugoslavia was signed on March 28, 1934. It provides that all individuals with venereal disease must report immediately for treatment. Individuals who have venereal disease or who suspect that they have are entitled to free examination and treatment if they are unable to pay for it. Those who have sick insurance are to be treated by the insurance societies. Any physician who treats a venereal disease patient is required to inform him of the infectiousness of the disease, to tell him of the legal penalties for infecting another person, to forbid him marrying until he is cured and to give him the printed regulations of the Health Department. He must report the patient to the Health Department without giving his name and try to find out from the patient the source of the infection and report that also. He must give the patient a warning if he discontinues treatment too soon and if he disregards the warning must report him to the Health Department by name.

Punishment is provided for giving false information in regard to the source of infection. A person who is known to be infectious and neglects treatment can be sent to a hospital for treatment. Provision is made for an educational campaign to instruct the people in the dangers of venereal disease and for the opening of new clinics for the treatment of skin and venereal diseases. Prostitution is forbidden and punishable by law. Anyone who transmits venereal disease to another person, a person who employs a non-syphilitic woman to nurse a syphilitic child or a syphilitic woman to nurse a non-syphilitic child or gives a syphilitic child to others to be cared for without informing them of the nature of the disease is subject to punishment.

Provision is made for a study of the social causes of prostitution and an effort to overcome them and for establishing homes for un-

employed women and girls. Institutions are also to be established for delinquent girls and for women who have been punished for prostitution in an effort to restore them to a normal working life.

Minors who are living in surroundings dangerous to their moral development are to be taken from the parents or guardians and placed in homes. Funds derived from fines for violations of the provisions of the law are to be used for the maintenance of these homes. Men are required to be examined for venereal disease before marriage. Women who marry when infected are punishable by law. Ministers and civil officers are forbidden to marry a man without a health certificate. Treatment of venereal disease by mail and the advertising of cures for venereal disease are forbidden.

Germany—The Mortality from Syphilis.—Hellmuth Gottschalk. Mitt. d. deutsch. Gesellsch. z. Bekämpf. d. Geschlechtskr., Berlin, 1934, XXXII, 65.

There are almost unsurmountable difficulties in the way of determining the real mortality from syphilis. The official statistics for Germany for the last two decades give only 0.2-0.4 deaths from syphilis to 10,000 population which is obviously only a small fraction of the real number. In order to get figures more nearly approaching the truth, the city of Nürnberg has adopted a confidential death certificate. There is a slip attached on which the physician writes in whether in addition to the primary cause of death there were any contributing causes such as alcoholism or syphilis and whether autopsy was performed. These slips are sent in for official counting without the names attached. In this way cases for example of syphilitic heart disease are much more apt to be registered under syphilis than merely under heart disease and many cases are brought to light in which syphilis was a contributing cause of death. The figures over an eight year period show that 2.11 per cent of the deaths are due to syphilis. These statistics include only persons over 20 years of age and therefore do not show the proportion of syphilis deaths to the whole population. The figures are about five times as high as those of the official mortality statistics. Even so they are not complete as shown by the fact that they are higher for hospitals than for reports from private physicians. On the hospitals Wassermann tests are made as a matter of routine and autopsies are performed.

In Magdeburg also special mortality statistics have been prepared in which not only is one single cause of death given but also contributory causes. These figures include all ages and a special effort is made to trace all cases of congenital syphilis. These figures too are much higher than the official statistics and show about 2.53 cases of death from syphilis to every 10,000 inhabitants. There is a source of error here too in the fact that all of the cases were not autopsied.

The Rudolf Virchow Hospital has prepared mortality statistics for syphilis based only on autopsied cases. They examined 8,500 cases and found syphilitic changes in 500 or 5.88 per cent. In 147 of these syphilis was certainly the cause of death, in 165 it was very probably

the cause and in 188 cases the patient died of an intercurrent disease but syphilis was really the primary disease.

Comparing these different methods and allowing for sources of error the author concludes that the mortality for syphilis in Germany lies somewhere between 2.50 and 5 deaths per 10,000 inhabitants. The deaths for the country and smaller cities have to be estimated, based on the relationship existing in the statistics of 1927 for the whole country in which the proportion of cases of syphilis in the large cities to those for the whole country was 1.8 to 1.

In Switzerland where they have confidential death certificates and where the statistics are the best in the world the figures for the mortality from syphilis are about 1 to 10,000 population. Even here there are probably sources of error from failure of physicians to recognize syphilis and from lack of autopsies. And there probably is more syphilis in Germany than in Switzerland.

To be sure the figures given above are based to a great extent on estimates but an estimate based on a small reliable figure is better than the known inaccuracy of the official figures. And a well founded minimum figure furnishes some basis for further statistical work.

India.—The subject of venereal disease has only recently been studied systematically in South India. Capt. Wm. Happer, M.D., and Dr. Rajam, Venereal Diseases Officer of Madras speaking before the Imperial Social Hygiene Congress in London last July, reported their experience in special treatment centers in Madras City.

Gonorrhea is very common in South India, both in men and women. By western standards the disease here is mild. This is thought to be due mainly to increased resistance to the organism. Anatomical differences may also be a factor—fewer glands, follicles and lacunar spaces as found by the authors in urethrascope examinations.

The problem is complicated by the fact that the disappearance of symptoms is taken as synonymous with cure. As soon as the acute stage is over, no more treatment is considered necessary.

Treatment is as follows: Patient is given general directions as to rest, cleanliness and diet, all of which is probably ignored. Food is generally very highly spiced. Patient is taught to carry out urethral irrigations using a 1 in 10,000 permanganate solution at low pressure. Patient is given a simple diuretic mixture with magnesium sulphate added. These measures get excellent results. One of the most striking features is the most complete absence of folliculitis or littritis so common in western countries. The prostate and vesicles are commonly involved but in a superficial catarrhal way, yielding readily to treatment. Obviously the local resistance of the urethral mucous membrane is high. Complications in the early cases who continue treatment are rare. Unfortunately many cases delay coming to the hospital until the onset of complications compels them to.

International—Educational Groups Confer at Oxford.—Arrangements have now definitely been made for the synchronized conferences of the World Federation of Education Associations, the International Federation of Secondary Associations and the International Federation of Teachers' Associations (elementary), to be held at Oxford, England, from the 10th to 17th of August, 1935.

The program of subjects to be discussed at the various meetings will cover most of the problems connected with teaching and education generally. In addition to the usual social functions and excursions, an educational exhibition of English school work will be arranged for the benefit of both English and foreign visitors. This meeting promises to be not only of unique character, but also of historic importance, and those who attend will have opportunities for contacts with educationists and teachers from many lands.

Plans are being worked out for tours of various lengths and costs throughout the British Isles and also on the continent. Persons who are interested in sailing dates, cost of travel, accommodations, etc., should write to the headquarters office of the World Federation, 1201 Sixteenth Street, N. W., Washington, D. C.

International Conferences.—As we go to press word reaches us of two important international meetings to be held in connection with the World Exhibition at Brussels, Belgium, during the summer of 1935. The Fifth Catholic Conference of Social Service will convene on the tenth anniversary of its founding, the meeting dates being July 28 to 31, and the Fifth International Congress on Family Education will be held under the patronage of the Belgian Government July 31 to August 4th. Social hygiene travelers abroad should keep these conferences in mind, as the programs will be of special interest and value.

Other international conferences of social hygiene importance, which will be attended by American delegates, are: The Congress of the International Hospitals Association at Rome, May 19th to 26th, and the Union Internationale contre le Péril Vénérien Assembly in Budapest in September. Dr. Walter Clarke will represent the Association at the latter meeting.

ANNOUNCEMENTS

Last month.—The summary which appeared in the March JOURNAL of the League of Nations' report on *The Abolition of Licensed or Tolerated Houses of Prostitution* is available in reprint form. *Single copies free to members. Price to non-members 10 cents per copy, 80 cents per dozen, \$5.00 per hundred.*

This Month.—We wish it had been possible to print in the JOURNAL many more of the fine group of addresses presented at the Regional Social Hygiene Conference held by the Greater New York Social Hygiene Council in January. The present selection was made with a view to giving a cross section of interest as we sense it from the inquiries which come to us. We shall have reprints of Dr. Pfeiffer's paper, *Social Service Problems among Venereal Disease Cases*, and Dr. Merriman's *Syphilis and Mental Diseases*, as we have especial demand for material on these subjects in reprint form. Reprints of *Child Questions and Their Answers*, by Olive Woodruff, will also be available. *Any of these reprints at the usual prices, 10 cents each, 80 cents per dozen, \$5.00 per hundred. Free to members.* Reprints of the *News and Abstracts* item *Is Syphilis in Pregnancy Declining?* (pp. 195-6) ought also to be useful to social hygiene workers who want factual support of their programs in prevention of congenital syphilis. *One cent each, 10 cents per dozen, 75 cents per 100.*

Next Month.—The *Church Number* of the JOURNAL, to appear in May, will be especially important. Some of the contents: *The Community, The Church and Social Hygiene*, by Bishop John C. Ward, President of the Erie (Pa.) Social Hygiene Association; *The Contribution of the Catholic Church to the Social Hygiene Movement*, by Rev. John M. Cooper of Catholic University, Washington, D. C.; *The Church and Law Enforcement*, by the Rev. Harlan M. Frost, President of the Toledo Social Hygiene Council; *The Experience of One Church with Premarital Instruction*, by Rev. C. Rankin Barnes, Executive Secretary of the National Council of the Protestant Episcopal Church; *Social Hygiene and Synagogue Youth*, by Rev. Philip D. Bookstaber, Rabbi Temple Ohev Shalom, Harrisburg, Pa.; *The Work of the Federal*

Council's Committee on Marriage and the Home, by L. Foster Wood, the Committee's Secretary; *Social Hygiene and the Rural Church*, by Rev. Lawrence Larrowe, Morrisville, Vermont, and Mrs. B. S. Winchester, Georgetown, Conn.; *Young People in the Church*, by Roy E. Dickerson, President of the Kansas City Social Hygiene Society. In addition to these and other practical articles, the JOURNAL is happy to publish notes made by Mrs. Anna Garlin Spencer for two of the last talks which she, as a minister, gave to ministerial groups. These she entitled *The Church and Social Relations* and *The Church and Family Welfare*. To complete the symposium, Dr. Harry Emerson Fosdick has consented to contribute an editorial. Advance requests have been coming in for some time now from church groups who want to make use of this special number of the JOURNAL. We suggest that orders for additional copies be sent in promptly, so that an adequate stock may be laid in. *Price as usual, 35 cents per copy, \$3.00 per dozen, \$17.50 per hundred.* Why not order an extra copy for your pastor if he does not have access to the JOURNAL otherwise?

In June.—The third annual *Library Number* will appear in June. Watch the *Social Hygiene News* and this page next month for details of the *Table of Contents*.

A Present from the Association's Publication Service.—Do you know someone who should become acquainted with the Association's materials and facilities? If so, please send us name and address and we shall be happy to send the *Social Hygiene News* to your friend, *without charge*, for the rest of the year. Our Editorial Board has approved a limited free mailing list as an experiment in expansion for 1935. Please help us build it up with worthwhile contacts.

New Publications.—Our *Classified Pamphlet List* has just been revised and reprinted. Ask for Pub. No. 917. And have you had your copy of the new classified *Books on Social Hygiene?* Pub. No. 903. *Both free in single copies or quantity lots.* Also you probably have in mind that the 8 page folder *For Your Home Library* is another useful free publication.

Membership in the Association, with its privileges of receipt of the JOURNAL, the *News*, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

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Church Number

THE CHURCH, SOCIAL RELATIONS, AND FAMILY WELFARE *

ANNA GARLIN SPENCER

Our social inheritance comes to us through five basic institutions: the family, or the way social organization of various types has managed sex relationship and parenthood; the church, or organized idealism; the school, or formal education; the state, or embodied social control; and the industrial order, or the way we get the physical basis of life.

Of these the two nearest together are the family and the church. Matrimonial institutions and the religious sanctions that outline them have been close together in all stages of social organization of human life. They are not yet separated even for those who repudiate church control, and in any serious consideration of the social office of the modern church this fact must have consideration.

However, although, the family comes nearest the church, which is, rightly speaking, a collection of families, the other basic institutions have permanent and vital relations with our organized ethics and idealism. The family depends upon the industrial order for its physical existence. If the industrial order is dominated by a small number of the rich and powerful to the extent of leaving the mass of people in hopeless poverty below the level of health and work efficiency, the home life of the nation is mutilated. The church leadership

* Notes for two talks given by Mrs. Spencer before a Ministerial Conference at Andover, New Hampshire, during the summer of 1930, shortly before her death.

may not be able to show the best way out of this condition but no man or woman in any church should be left in ignorance of the fact that such a condition of selfish and tyrannous conditions in the labor world is wrong and must be opposed.

The school has its own specialized and expert leadership. The church cannot compete with that and the free and rationalized churches do not devote themselves to parochial schools. But the religious leadership of all types must be alert and insistent in the effort to make all education ethical and aflame with the idealism that alone leads toward the better life.

The state is now a political order. It has its technique of government and its legal codes. The religious leadership of our time may well refrain from meddling in the sphere of political action. But it is the everlasting business of the church to preach the sacredness of human life, the right of each human being to all freedom compatible with mutual respect and the claim of the ever-growing knowledge of the right way of life to be ever-increasingly respected by law and custom.

The chief business of the church is to give light and leading along this way of life. It may use any words, any symbols, any form of associated effort, any formulae of stimuli, any curricula of instruction, any sort of pastoral care in "the cure of souls," if only its main business be the making of better and wiser people. For that supreme office it must learn and teach what comes to us all in our social inheritance and how best to use that inheritance for ourselves and those who shall come after us.

The family used to be thought of, in our civilization, as in others, as a fixed and unchangeable institution. Individuals, in order to live successful lives, must be adjusted to its conditions; and if maladjusted, must be readjusted if possible. All the inherited institutions of society, however, are now on trial. The state is subjected to critical analysis, many believing that even political democracy is not the final form of social control, but either a dictator or an economic commercial life are later goals. The school is under the fiercest criticism and many new schemes of formal education are proposed. The whole field of labor is in a ferment with open

challenge of the capitalistic system and adventurous experiments on trial to replace that by communistic methods.

Concerning no one of the inherited institutions, however, is there greater uneasiness or more outspoken criticism than of the family. The new freedom of women creates a demand for two heads of the family instead of one, and in no field of human association is democracy more difficult to work to mutual comfort and mutual effectiveness of vocation than in the intimate relation of husband and wife and of father and mother. The ever-increasing demands made upon parenthood as the social standards of child-care and child-nurture rise by the direction of experts—medical, psychological, educational, and recreational—make the raising of a family an expensive task. The industrial revolution which took much of woman's work from the household to the factory, and all that has mechanized labor, has broken the industrial unity of the inherited family into individualistic workers finding their jobs far away from the household. The migratory character of a population that must often go singly far from the early home to find its separate jobs adds to the personal detachment from the home nest. In our country, the cosmopolitan grouping of many nationalities in one workplace brings youth together at the mating age, in what often proves dangerous companionship because too great social chasms must be bridged if marriage results. The movable work gives the movable home and the strong tendency toward the city makes the household shrink, and destroys those props to home feeling that inhered in the farm and village life.

Meanwhile the family doctor who knew and ministered to his patients as persons is too often lost in a group of specialists who treat diseases and not the whole human creature. The minister who used to know and serve a group of people for at least two generations now has as a rule short pastorates, especially in the rural districts. Even the old village lawyer who had a personal interest in his clients is now seldom found. Hence the person in trouble, in conscious need of help and counsel, is often a lonely stranger with no helper in sight. This has laid upon the young people of this generation a burden of conduct choices, a load of independent

decisions, greater than the youth of any previous generation had to bear. If many make mistakes, it is not strange. There is a growing conviction that the church must reassume more specific service in "the cure of souls" in some new fashion suited to modern needs. If that increasingly conscious and insistent demand is to be adequately met, it means an inescapable effort in three directions:

1st. Ministers must be better trained in the lines of sex-education and the biology and psychology that underlie that education.

2d. The character-training of the church school and the young peoples' group study and recreation connected with the church must lead directly and with a pedagogically competent integration toward wise marriage choices, successful family life and competent parenthood. Such character-training demands and must have a pastoral service from the minister far more intelligent and far more socially trained to lead it.

3d. Since the church is a collection of families grouped about a unified and inclusive idealism, and not merely a society of detached individuals (like a tariff league or other special reform body) the church must make its first practical social business to help make better and happier homes.

This takes something more than simply telling people to be good. It means learning, teaching, and exemplifying a technique of family life suited to modern social conditions. It means that all who would lead in the religious motivation of conduct should become, as far as possible, adepts in the family relation, as helpful citizens of a state, as aiding in securing for all that true "culture" which Emerson declared "should yet absorb chaos itself," and as aiding in making all the work of life truly human in its opportunity and in its reward. A church lives to better men and women and the social conditions which surround them. Appealing in this task, and rightly, to the individual, it must see each man and woman and child in all social relations, and since the "family is the institution that first begins the socializing process," the family and its members come naturally first of all institutions to be understood and aided by the church.

WHAT CAN THE CHURCH DO FOR SOCIAL HYGIENE?

JOHN C. WARD

*Bishop of the Diocese of Erie, Episcopal Church; President, Erie Social Hygiene
Association, Erie, Pennsylvania*

Social hygiene in the widest and literal sense means "social soundness." All remedial, preventive and constructive measures and acts which help to make the whole social organism sound,—healthy and strong, free from defect,—may in this sense be included in the program of social hygiene.

It is recognized on all sides that it is the duty of the Church, in all ways within its power, to strive to bring individuals to their best physical, mental and spiritual development, and to develop a form of human society so fair, just and righteous that it may deserve the high title of the Kingdom of God on earth. To secure such great ends as these, the Church teaches as sufficient guides for social action the two great principles which Jesus stated with such finality—"Thou shalt love the Lord thy God with all thy heart, and soul, and mind"—and "Thou shalt love thy neighbor as thyself."

The Special Problem

In the more technical sense in which the phrase is here used social hygiene includes plans and efforts to establish right ideals and the highest standards in the life of the family and especially in everything concerning the relations of the sexes.

An important part of its plan is to banish from society those fearful diseases which ruin so many lives, and which at last we are becoming frank enough to mention by their names, as we seek to eradicate them—syphilis and gonorrhea.

The very use of these shunned words suggests some of the difficulties of the task of social hygiene. There has been a kind of conspiracy of silence about these social scourges. People of high ideals have been slow to attack this problem. It has not been considered respectable to explain the fearful dangers connected with these diseases. We should the more honor those brave and self-

forgetful physicians and social workers who have taken the lead in this extremely difficult, important and unpleasant task, and all Church people of every name and sign should realize that as the Church makes its contribution to this cause it is doing not only a greatly needed but an essentially Christian thing,—and is rendering a service which no other organization or fellowship can give.

The Leadership of the Clergy

The Clergy as the trained professional servants and leaders of the Church, have, in connection with the cause of social hygiene, a great opportunity and a large responsibility. For this, it is fair to say, we are not as a rule well trained in colleges and seminaries. Facing the demands of such social problems in our practical Ministry, we realize our need of more adequate training along constructive lines, for dealing with this most difficult problem in the persons of suffering and tempted human beings, and in its wide social aspects. It is to be hoped that the Ministry of the future will be better fitted to meet these great needs.

The opportunities of the Clergy for such service are many and varied. Sermons and addresses, on occasion, should deal with various aspects of this problem, from the spiritual and moral and human points of view with wisdom, courage and insight. We should supply the religious and secular press with the right kind of articles calling attention not only to the moral and social principles involved, but to the local conditions which Christian people should understand.

The Clergy above all other professions have opportunities of advising husband and wife on intimate family problems, and can, if properly equipped, give guidance which many people greatly desire but do not know where to find. Great numbers of families break up in the divorce courts for lack of such guidance. In the delicate adjustments needed to make the life of the family happy and successful, the Priest with the physician can render service for which there is no substitute.

A Clergyman has special opportunities of guiding parents to give their children the right kind of sex-instruction, beginning in simple and normal ways in early childhood, at 5 or 6 years, before any sense of embarrassment has developed.

In the Parson's study a wise Clergyman finds the right moment for advising young people, on these difficult problems, in the age of adolescence. Often young men and women dare not confide in their parents, especially when they have made some tragic moral failure. If they can find in the Priest a man to whom they can open their

hearts and make bare their moral offenses, and from whom they can receive wise and loving guidance, their lives may be saved from shipwreck.

In connection with marriage, a Clergyman has special opportunities for instructing those who plan to be man and wife, in many of the problems of the married state. He can make clear to them the Christian ideal of marriage, as a life-long fellowship. He can help them to realize the sacrifices and responsibilities which marriage involves. He can fight effectively against the ever-increasing divorce-rate which is one of our greatest social dangers and most significant signs of moral decay.

As the writer is more familiar with the laws of the Episcopal Church, it may be in order to call attention to recent legislation of that Church intended to prevent hasty and ill-considered marriages, and to help young people secure the instruction which they need. This statement bears quotation here—"Ministers of this Church shall within their Cures give instruction both publicly and privately on the nature of Holy Matrimony, its responsibilities, and the mutual love and forbearance which it requires."

In addition to these great personal opportunities, a Clergyman can find many organized social ways of promoting the cause of social hygiene. He can form carefully selected groups and committees of his chosen laymen and women who can help him in dealing with such personal problems as have been mentioned. He can arrange for definite instruction on sex-relationships, from a normal and healthy point of view, in Church School classes, young peoples groups, and parents meetings. In all this, of course, he will need the constant help of capable and trained lay people.

Mutual Responsibilities of Clergy and Lay-people.

The members of the Church as a group, Clergy and laity, can work together in many ways to promote the cause of social hygiene.

They can by precept and example emphasize the supreme value of the home and of the family group as the basis of any civilization worth having.

In their own persons and in their own family life they must be good examples of "temperance, soberness and chastity,"—and must teach in deed as well as in word the meaning of the highest standard of the family relationship.

They must so worship and work together that the whole congregation shall be in reality a religious family—united—enthusiastic—rich in good works, "forbearing one another and forgiving one another," and always striving together for those ideals of personal

and family life which are so clearly revealed by Our Lord and Saviour.

Such a spirit will inevitably express itself in loving service. It will try to seek and save God's children who are losing themselves. It will welcome to the fellowship sincere and upward-looking people, though they may bear upon them the scars of moral failure.

If any member of the family of the Church meets disaster in his or her sexual life, the other members will not forever brand the offender with the scarlet letter, but will do their best to restore the wounded life and mend the broken fellowship.

With these more personal ways of service in this cause, there are open in every community many opportunities for organized, social action. Church people as a group can make definite efforts to understand and sympathize with the special points of view, problems and needs of young people. Much can be done along these lines through the organizations of young people which exist in most Churches.

Recognizing the importance of recreation in the lives of young people, and the great dangers of lawless and unclean places of so-called amusement, the Churches should wherever possible provide attractive Parish rooms as centers for clean and wholesome sports, and help young people to realize that good fun has its place in every life that is really religious.

Another valuable type of community service for Church people is a thorough survey by competent committees, from the point of view of social hygiene, studying those forces which make for a clean and moral community life,—and gaining definite information about places and influences which are morally destructive.

Knowing the facts, the active members of the Churches, who as a rule can be the controlling influence in their community, can take definite action to put out of business houses of ill-fame, gambling joints and saloons which are but screens for commercialized vice. The Church people can clean up almost any community, if they will take the trouble and work together along the right lines.

The leaders of the Churches, clerical and lay, can also foster a tradition of obedience to law in their community. Lawlessness is a typical American vice. It is in the power of people professedly religious so to strengthen the spirit of obedience to law, that the corrupting and anti-social influences can be throttled and destroyed.

In the way of positive, constructive action, in working towards the ideals of social hygiene, the Church groups have tremendous possibilities. Not only can they set the standards of social behaviour, but they can render most effective service in building up

an environment most favorable to clean living. They can work for parks and play-grounds; for libraries and picture-galleries, for museums and zoological gardens,— and in the smaller places can develop interest in sports for which forests and streams and hills provide such choice opportunities. A matter of special importance, as we are all learning, is the regulation of moving-picture houses. Unclean and suggestive pictures are among the worst enemies of social morality. There is much reason for gratitude in the great stirring of public opinion for clean movies, and for the use of the effective method of personal boycott of those picture-houses which feature lawlessness and lust.

In all such organized efforts in the cause of social hygiene, the Churches will work in hearty coöperation with other social forces,— schools, hospitals, service clubs, medical associations, welfare agencies of all kinds, and the official forces of local, State, and National government.

The great organization of the Parent-Teacher Association is one of the strongest of these social forces, and is giving service of the highest value. The national, state and local social hygiene Associations, as every reader of this JOURNAL knows, give leadership of the first importance.

There are in fact countless lines of action along which Church people can work in the interests of a clean community life; but such efforts always lead to a better understanding of the vast problem of social reconstruction which underlies so many of our difficulties. When over one-sixth of the people of the country are depending on public relief for the necessities of life, all problems connected with the family, with standards of morality, and the relations of the sexes are tragically intensified. After all, the great economic need of our social organism is for such reconstruction as shall remove the causes of unemployment and do away with injustice and poverty. At nothing less than this, Church people must aim, if they are true to those Christian ideals which alone have power to banish sexual immorality.

This is a task for many generations. The obstacles are mighty and progress is slow, but there is no other real cooperative solution of the manifold problems of social hygiene, short of the coming of the Kingdom of God.

Medical Measures

In reviewing the relation of the Churches to the work of social hygiene, naturally the strongest emphasis is on educational methods, and on community efforts along constructive lines. We must not

forget the importance of medical measures for the treatment of venereal disease. The people of the Churches can render great service by leading their communities to demand good clinics, proper quarantine arrangements, care in detecting disease among children in the schools (and this is one of the most tragic elements in the problem), and such a system of reporting these diseases as will give adequate knowledge of the facts. Great progress has been made along these lines in recent years in many communities. Much remains to be done, and leadership is required.

Law-Enforcement

The importance of proper enforcement of the laws which concern social hygiene must always be emphasized. In dealing with offenders, in legal ways, we should clearly recognize the greater responsibility of the male element in the law-breaking group. Men are chiefly to blame for this type of crime, but, as of old, the women are usually the ones arrested and punished.

In this as in all aspects of this great problem, law-enforcement is the result of informed and educated public opinion, and is a matter of slow growth. It depends upon the moral and educational standards of the community, and the strength of its ideals. In many places Church groups, and social hygiene associations have reached the conclusion that the best way to secure proper enforcement of the laws, is not to try to take the task out of the hands of the regular officials, elected or appointed, but to place the responsibility clearly upon them, and to give them all possible assistance and encouragement in fulfilling their duties. If they do not do their duty, the public should replace them with others who will promote the causes of social health, and keep on fighting until this battle is won.

Conclusion

From the point of view of the historic Christian Church (which this paper seeks, however unworthily, to present) it should be emphasized by way of conclusion, that the services which the Church can render to the cause of Social Hygiene are of decisive importance. The Church and the Church alone can adequately uphold the standard of personal and social morality,—and make clear the eternal distinction between right and wrong. The Church alone can with unfaltering loyalty insist upon the tremendous truth that, “The wages of sin is death, but the gift of God is eternal life, through Jesus Christ Our Lord.” (*Romans 6:23*)

And still more vital is that service which the Church can render in bringing to men the one resource of strength which can finally enable us to conquer the fierce and insistent temptations of the flesh,—and that one sufficient resource is the life-giving grace of God, given to us through Jesus Christ and through all our ways of loyalty to Him. Our best hope of victory for the cause of Social Hygiene, as for all other great social and moral causes, is in His majestic and triumphant promise “I am come that they might have life, and that they might have it more abundantly.” (*St. John 10:10.*)

The Purpose of Social Hygiene.—“It is the very heart of the purpose of social hygiene to help solve the problems which affect the health, efficiency, and well-being of the family, both of the present and of the future. The term social hygiene, of course, is broader than this, extending in its meaning outward into many other aspects of the social life. Nevertheless, for purposes of health-inheritance of individuals, for their culture and education as parts of society, and as furnishing the very basis of society itself, the family is our all-important social institution. In the long run, any society is wholesome and effective in proportion as it maintains at a high grade of purity and effectiveness the elements which enter into family life.

This purpose of social hygiene to conserve and strengthen and improve the family represents an ever recurring cycle. This cycle includes the family of today with husband and wife, parents and children; the young people as they go out from this family in preparation for a life of their own; and the new families formed by these young people and based upon the character they have gained. It is the aim then of social hygiene in this cycle to aid the present family to live its life in such a way and to interpret this life to its own children in such a way that they shall understand and appreciate and prize the spirit of the family; that they shall build up for themselves the type of character which will safeguard them from misuse of sex relationships; and which will give them the insight and determination to carry on to the new family something even finer and better than their own parents were able to do. Our hope of a progressing civilization and an increasingly effective family life depends upon this far more than upon many things to which we church people give much more attention.”

THOMAS WALTON GALLOWAY

THE CATHOLIC CHURCH AND THE SOCIAL HYGIENE MOVEMENT

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The basic objective of the Catholic Church, an objective which it holds in common with historic Christianity as such, is the promotion of love of God and, for His sake, of neighbor. Such love is conceived of as a matter more of the will than of the emotions and affections. Love of neighbor is synonymous with concern for all human rights and needs, concern for human welfare in the broadest sense of the term. No human rights and needs are of greater moment than those which cluster around marriage, home and family. No attitudes or activities of human beings more intimately and deeply affect human welfare for weal or for woe than do the attitudes and activities stemming from the biological fact of sex. No religion consequently that holds to love of God and neighbor as its ethical ideal could be aught but profoundly concerned with the problem of sex, and the Catholic Church has been and is profoundly concerned with it.

The basic objective of the social hygiene movement is likewise the promotion of healthy attitudes and conduct, within and without the marital bond, throughout the whole realm of sex.

Broadly speaking therefore the two objectives are in full agreement on principle. Further, in the present writer's judgment, most American Catholic leaders in the field are in substantial agreement with the sober and balanced American program of social hygiene as promoted by the American Social Hygiene Association.

Actually the Catholic Church as such in this country has not considered it within her province and responsibilities to enter too intimately into the medical and legal activities of the social hygiene movement. These activities are of course viewed sympathetically but Catholic thought in this country has more generally taken the

position that the medical phases of the problem fall mainly within the competence of the medical profession. As for some of the measures of legal control, particularly the closing of segregated districts, there has been some difference of opinion among Catholics as among their fellow-citizens, and besides Catholic leaders have hesitated to become involved in what might seem to many as an intrusion of religion into the domain of political or governmental action. As regards the recreative program of the social hygiene movement, Catholic views have been completely sympathetic, and the Church working through its dioceses, parishes and various types of religious and social organizations has endeavored to do her best within her limitations of finance and personnel.

Perhaps the two phases of the social hygiene program that have given rise to most discussion in Catholic circles are those of instruction and of motivation.

In our historic Catholic moral and religious educational system, a certain amount of instruction in sex, in connection with explanations of the Decalogue and of some of the doctrinal teachings of the Church, has always been given, guardedly and in accordance with age, sex and individual needs. The ethics of sex has of course always been looked upon as an integral part of Christian ethics. Education toward desirable sex conduct has of necessity involved clearness and frankness, in proportion to age and other circumstances, in dealing with the pertinent facts of sex.

Two more outstanding characteristics of the Church's historic method of sex instruction have been, first, the throwing of the greater weight of responsibility in the matter on the home, and, second, the embedding of sex instruction in general moral and religious education.

There has been and is a very strong Catholic feeling that the primary responsibility in the matter of sex training in general and of sex instruction in particular rests upon the parents. This does not mean that the school should remain utterly silent; the Catholic school has always dealt with the problems of chastity and marriage, emphasizing from the primary grades the moral and religious obligation of control of thought, imagination and desire, or of what the social hygiene movement would call the social hygiene of the mind. The average Catholic child in a Catholic school is trained quite consistently from first entrance into school life in chastity of thought, imagination and desire. This represents the normal starting point in sex training. As problems of more overt sex conduct later arise, these too are normally touched upon, and rather frankly,

in class instruction as well as in the confessional and in sermons to children in church. Nevertheless there has been and is a consistent Catholic conviction that the first and foremost responsibility for sex training and for such instruction and enlightenment as are needed is upon the shoulders of the parents. In this matter the Catholic school would look upon itself as an emergency surrogate called in to function chiefly where parents fail in the task.

A certain number of Catholic schools have utilized the services of physicians and nurses in special sex lectures. This particular method of instruction has ordinarily been looked upon, not exactly askance, but as not the best. The feeling prevails that sex instruction is best given currently, inconspicuously and without undue emphasis in the regular course of moral and religious instruction and education. In this manner overemphasis on sex is, we feel, better avoided, and the whole subject is largely taken out of the purely physical field and surrounded by reverential attitudes suggested by religious beliefs, affections and loyalties.

Up until a decade and a half or two decades ago very little reliance had been placed in the Catholic scheme of things upon pamphlet or other literature written on the sex problem for reading by the young. Within these last two decades, however, a considerable literature having this purpose in view has appeared. Some of the more typical pamphlets written for reading by the young are the following: *The Difficult Commandment*, by C. C. Martindale, for boys; *Into Their Company*, written jointly by a medical woman, a girl and a wife, for girls; *The Pure of Heart*, by Daniel A. Lord, for boys and girls; *Plain Talks on Marriage*, by Fulgence Meyer, for young people on the eve of marriage. Little or no pamphlet literature on the sex problem as such for young children under twelve has appeared. In all of this literature, of which the foregoing are mentioned merely as illustrations, instruction is interwoven with religious, moral and affective appeals. In fact, the present writer does not know of a single pamphlet from Catholic sources that has a purely biological or physiological approach. There is a rather deep-seated Catholic conviction, though not always articulate, that such biological and physiological knowledge should be tied up very closely and subordinated to non-biological and non-physiological beliefs, appeals, and considerations.

It is probably on the point of motivation that Catholic methods in social hygiene are most characteristic. The normal endeavor in our social hygiene activities, or, as we call them, training in chastity, is to utilize Catholic beliefs and practices as the major dynamic for

getting moral sex ideals actually lived up to in everyday life. We look upon doctrinal beliefs primarily not as academic definitions and convictions,—although acceptance of these beliefs is a *sine qua non* of membership in the Church,—but as driving forces furnishing the rational and affective dynamic for getting the moral ideal of love of God and neighbor actually carried out in the individual life.

In other words the basic motivation in our endeavor to build up the lives of both young and old as regards sex conduct and attitudes is a religious motivation. For instance the belief in the all-presence of God is consistently interpreted to the child as a driving motive: God, as your Father, is the invisible loving but just witness of even your inmost thoughts and conduct; make sure then that your thoughts and conduct are as He would have them be. Devotion to Mary, the Mother of our Lord, is consistently oriented towards inculcating into child and adult the beauty both of motherhood and of chastity. Every Catholic child, however slim be his or her knowledge of Catholic faith and practices, knows quite clearly that when he goes to confession, it is not enough merely to confess his sins. He knows he must definitely make up his mind not to commit the sins again. He is taught from his earliest years that to go to confession without such a real purpose of amendment is not only a futile thing in itself, but is, if done knowingly, a grave sacrilege. Confession therefore serves as a means of converting the child's velleities into explicit volitions. And all of this of course applies definitely to sex sins of thought, word or deed. Confession is usually followed by the receiving of Communion. The belief in the real presence is consistently utilized to bring home to the child that the receiving of Communion demands among other things purity of life. And so with a great many other Catholic beliefs and practices. It is a primary objective in our religious and moral education to bring these to play actively and dynamically upon the daily thought, attitudes and life of young and old.

All this does not mean that only religious motivation and appeals are used. For instance appeal may be made to a boy to keep straight for the sake of his own mother or for the sake of the girl he hopes to marry. Or an appeal may be made on the grounds of safeguarding individual health. But hand in hand with these non-religious appeals consistently go motivations of a more strictly religious nature.

The general Catholic position on the question of sex education may be summed up in the four following basic principles and methods of treatment.

(1) We believe that though knowledge and ignorance are real factors, the dominant factors in ethical sex conduct are not knowledge or ignorance of intellect, but strength or weakness of will.

(2) Hence, while our minor concern is the imparting of information, our major concern is the reinforcement of the will and the treatment of the subjective and environmental factors in sex conduct.

(3) Non-religious motives and means should be used in prevention and treatment, but emphasis should be put upon religious motives and the help of God to maintain captaincy of one's soul.

(4) Such instruction as may be found necessary and opportune should be discreet, reserved and guarded; should be tempered in accordance with the age of the child and with his individual needs; and should be given primarily by those who hold from God the commission to train the young, which means primarily although not exclusively the parents.

To sum up what we have said. Towards the balanced social hygiene movement,—we are not speaking here of course of the lunatic fringe that unfortunately attaches itself to practically every good movement,—American Catholic leadership is quite sympathetic. Further, it is sympathetic towards such normal measures of social hygiene as are represented by the program of the American Social Hygiene Association. As regards instruction in sex, it tends to put the emphasis a little more on the home than the social hygiene movement has done. As regards motives, it ties up sex more closely with religious beliefs and practices than the social hygiene movement as such has done or could do.

The Demand for Religious Leadership.—"The church must meet its part, and it is a large part of the responsibility for proper leadership in this fundamental question of sex education. Religion and religious teachers are peculiarly interested in all phases and aspects of character building, and sex is profoundly influential upon character both for its refinement and its degradation. Probably no other single group of human impulses or qualities, relations or adjustments, plays so large a part as sex plays in all the practical problems of life. Conduct, imagination, thought, happiness, motives, aspirations, ideals, purposes, and all of character are influenced at every turn by the facts of sex, and these qualities are the very raw materials out of which our religious life must grow."

THOMAS WALTON GALLOWAY

THE CHURCH'S SOCIAL FUNCTION

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The sciences, as is well-known, once were included in philosophy, but they have long since made their escape and set up for themselves. So, charities, philanthropies, and all forms of social work which were once under ecclesiastical control have become secularized, specialized, and professionalized, and are now the concern not of the churches only but of all the people. They are community affairs. On the whole the results have been good and further progress in this direction has become inevitable for the reason that the new methods make for efficiency and system and avoid duplication and competition. Thus the Missouri Social Hygiene Association, formed January, 1909, has been accepted by the people of St. Louis and is a member of the Community Council and the Community Fund. It may in the future have its ups and downs, but it will probably never be given up, at least not until the evils against which we struggle have been greatly abated.

Yet the church still has a relation to all important forms of social work. It can and does furnish money and members of managing and directing committees. Its social function is to inspire a passion for service which finds its expression in more than a hundred forms of social work. It can also welcome and give its moral support to the numerous movements which aim at a fuller and richer life and which combat those tendencies in society, which pervert life, which hinder it from coming to a full and happy development.

The assistance of the church, however, is not to be given through the morning service. The function of the pulpit is to create and sustain morale, to foster the highest and most beautiful ideals, to produce and sustain the conviction in the minds and hearts of men and women that life is significant, that human nature is of supreme worth, and that our human experience may be far more noble and beautiful than we fully realize. The church cannot undertake the promotion of a hundred and fifty separate organizations for pro-

moting human welfare. It cannot become a collection agency for the many beneficent movements. It can, however, encourage its sub-organizations to give active cooperation.

The social hygiene movement, for instance, is not best promoted through sermons, but rather through such organizations as Boy Scouts and Girl Scouts, women's alliances, men's clubs, Y.M.C.A. or Y.W.C.A. and through divinity schools where young men preparing for the ministry may come to understand the vast importance for morals, health, and human happiness of the social hygiene movement.

In St. Louis, for instance, an important seminary for the training of ministerial students has asked for and welcomes the cooperation of the Missouri Society for Social Hygiene. A consultation service has been established in St. Louis to meet the needs of young men and women who are contemplating marriage but who desire greater knowledge. This service is also rendered to those who are married already but whose home life is threatened by difficulties which a consultation service can do something to remedy.

In one respect, it is true, the pulpit can render a service. It can do much to correct distorted and perverted views of human nature and of the sex function as something unclean and impure, views which are very old. Not long ago the sole significance of the present life was supposed to be that it was a preparation for the life to come, and this world was regarded as only the vestibule of eternity. Earthly conditions on this view are of small account. The historians of civilization tell us that "it was not a mere accident nor was it due to the immaturity of civilization and the lack of sensibility to physical comfort that social service on a large scale was postponed to modern times. Rather it was because of an altogether different idea and an altogether different estimate of the present world."

A sharp distinction was drawn between the life of the flesh and the spiritual life. Human nature was regarded as corrupt, incapable of thinking truly, of acting nobly, and of winning a victory in the struggle against evil. In this wholesale denunciation of our natural life, the sex function was included. It was supposed that there was something essentially vulgar and even vile in the method by which the generations succeed one another and the world is kept alive and growing. Hence the subject was avoided in the home and school and young people were left to acquire not information but misinformation from their equally ignorant associates. Denied the instruction which was their right, it is only natural that young

people should fall victims to erroneous ideas and ideals which are false lights, such as the double standard.

Fortunately, modern clergy are taking a higher and more hopeful view of our human nature and its possibilities. They are learning to regard the function of intelligence as that of forming pertinent ideas of a better and a more beautiful future and then of devising means for its realization. Not bad, but human—this is the characteristic view of our time. In this way we are to think of our young people. The mating instinct is to be regarded with respect and all young people should be instructed in the art of love.

The Christmas festival is becoming more inclusive in its scope. We still keep it in memory of the greatest, wisest, and best of the lovers of men, but there is something of divine beauty and glory about all children who are born of love and longing. The poet's words are true:

“The dwelling of the Lord is with his people;
The tabernacles of the Lord are with men.
God maketh our homes and filleth them with love,
And the heritage of children is His.
With *every* precious child comes the glory of God,
And the parents thereof are the blessed of the Lord.”

The Part of the Church in Social Hygiene.—“The church is interested in boys and girls, in the ideals which they entertain about one another as they grow up, in clean and happy marriage, in permanent and effective family life, in intelligent parenthood and care of children. The church is concerned that the best ideals and practices of family life shall be passed on generation by generation from parents to children.

But do we, as church people, sufficiently realize that the conduct and character of individuals and the progress and welfare of our whole civilized life are to a very high degree wrapped up in the quality of the homes and in the integrity of the family life of the nation?

The church which looks to the future must not fail to see that sound home and family life not only lie at the foundation of human welfare, but are equally important to the continuance of the church itself.

The quality of our family life cannot improve or even hold its own unless all the various agencies devoted to human betterment cooperate intelligently and continually to conserve, reenforce, and add to the values of the family.”

THOMAS WALTON GALLOWAY

THE CHURCH AND SOCIAL HYGIENE LAW ENFORCEMENT

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The Priest, the Rabbi, and the Protestant Minister were holding a symposium on the Church and Social Hygiene. Each outlined the ideal which his faith taught. The Priest enlarged on the super-natural in life and the sacrosanct view of the family which that emphasis envisions. He likewise traced the materialistic counter currents of modern life. The Rabbi magnified the wholesomeness of the marriage relationship as taught by the religious leaders of his race through the centuries. As a part of that wholesomeness he outlined the insistence of his people that youth marry early and in case of the death of one partner, the other re-marry. The Protestant minister painted a picture of a happy home and the influence of such a home on the normal emotional development of children. He called for frankness in dealing with the sex issues of life.

As conversation afterward indicated, these three ideals did not fit together perfectly like a jig-saw puzzle. The Rabbi commented on the fact that the Roman Catholic Church found special virtue in the celibacy of its clergy while an Orthodox Jewish Synagogue would not tolerate an unmarried Rabbi. But underneath there was a deep agreement that the conception of marriage held by any people is a basic factor in establishing wholesome home life relationships. Each was in accord also in holding that the task of centering attention on an adequate ideal of relationship between the sexes falls in the traditional and specific field of the church. All likewise felt that certain "acids of modernity" were eating into the long-held ideal of monogamous union. People at large are not so absolutely convinced of the full desirability of this ideal as they once were. In the matter of sex ideals too many are in the plight of the boy who "doesn't know where he is going but is on his way."

Whatever may be the facts concerning the so called "waning influence" of the churches, much advertised by some, the religious institutions and their leaders still have very real opportunities in the fixing of ideals of home and marriage.

Within the local congregation the minister has a friendship with youth through the impressionable years of their adolescence. This friendship is much more than an occasional contact. It is a continuing influence over a period of years. In instances where ministers stay with a congregation over a considerable period of time they see boys and girls bud, blossom and bloom. True, for this influence to mean much the individual minister must be awake to his opportunity and be of the sort capable of commanding the respect of youth. One pastor of my acquaintance regularly includes several sessions on the boy-girl relationship in his catechetical instruction. Others I know have developed the annual "home-makers" series of sermons. Fewer have combined with this the question period and social hour afterward. Such a period leads to no small number of personal conferences with their intimate opportunities for guidance. In a similar vein there are men who turn to the annual study course in specifically young people's groups. Alongside this more direct approach, other ministers have learned the art of more or less continuous but indirect inclusion of illustration relating to marriage ideals in regular sermon and class instruction.

The value of approaches such as these are not alone for youth but for adults as well. The parent and the unmarried oldster are the key to many false patterns of thought in conventional attitudes and practices. The well conducted study course for parents is a service of no small magnitude.

The minister also regularly has his young people stand before him to promise "to love and to cherish." Where these are of his own parish, this is a joy. With such, he has already had his chance to counsel. But when they are strangers, the conscientious pastor is at a disadvantage. An increasing number of ministers are developing a technique of interview previous to marrying couples. Many theological seminaries are making real progress in fitting their students for some such service.

Added to all the above the minister who is a good pastor and keeps close to the affections of his people has laid before him many a knotty problem. Where a man is honored and respected people in their marital problems seek him out, and when they do so, it is usually with utter frankness. How wide is a minister's oppor-

tunity in this field let anyone discover by reading a book like *Some Experiments in Living*,* by the late Peter Ainslee.

But the church has its field of service outside as well as inside its own parish. What civic enterprises are set afoot in which the counsel of some clergyman is not sought? The breeding spots of prostitution and venereal disease exist as flagrantly as they do in many of our cities through the indifference, the ignorance and cynicism of public opinion. With some individuals this indifference has a money root. Whatever its roots such indifference is a threat to the community's pocketbook, its general health, its protection for its youth and its own governmental integrity. Working alone, the minister will be scotched as a reformer and thereby dismissed lightly. This scotching is often a perfectly proper process for as a single figure he may easily succumb to the temptation for cheap publicity.

But the clergyman should be and often is skilled in a capacity for community cooperation. He succeeds in his own church by his resourcefulness in drawing forth the ability of key people and inspiring joint action. If he wills, he can often bring together the various elements in the community necessary for the partnership that can truly leaven a community. These are the doctor, including the public health forces, the forward looking business man, the social worker, the educator, the civic-minded woman and his fellow religious leaders of all faiths. Apart from his possible skill as a community coordinator the minister likewise is trained in the art of public address. With the facts which a partnership like that outlined above can assemble he can offer one medium of valuable dissemination.

That the church partially succeeds in holding the attention of its people to an adequate ideal of sex relationships is indicated in those studies which have shown fewer divorces amongst people with church going habits providing the habits are really used. Following a talk to doctors recently one physician commented to me on the fact that Ireland has a very low incidence of venereal disease. Asked why, he replied it was in his opinion due to the hold of the priest upon the people. But whether or not this is the case neither the church nor its leaders has any right to join the already too large army of the complacent.

Many churches are blind to their opportunity in the social hygiene field. Many deal only in stereotyped ideals from which all throbbing vitality has been drained off. Some ministers standing

* Association Press, 1933.

before their obligation in relation to youth at the marriage altar become "marrying parsons" to the shame of religion. Others are untrained, mistrained, or emotionally unfitted for the discharge of wise counsel in these matters. Further, the church is divided into many camps with differing practices. United impact is impossible. This last fact makes particularly important the coordination practiced in many cities through the federated church movement and in the nation through the Federal Council of Churches with its department on marriage and the home, and its full time secretary in the person of L. Foster Wood. Here is at least the beginning of the necessary machinery for fact finding, exchange of experience, stimulation toward effort and the assembling of community-wide resources. Our Priest, Rabbi and Protestant minister were right in their conviction that the church has a dynamic force and that the door of opportunity stands open. Whether it will enter that door must depend in each generation on whether it has in the words of its Master "eyes to see."

SOCIAL HYGIENE AND SYNAGOGUE YOUTH

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One should feel himself very privileged to be able to work with and for youth today. There are three factors inherent in youth which make it imperative to be fully prepared in solving the problems concerning this age-group of ours. Firstly we must remember that youth is the most romantic period of life; secondly, it is the most religious period of life and, thirdly, it is the most critical period of life. Because of these three inherent qualifying factors, it is highly desirable that direction and education are indispensable in a program for youth, and certainly, when social hygiene is to be the field of direction or instruction.

In the City of Harrisburg, we have what may be called, a "social unit approach" in treatment of the field of social hygiene. There is no hesitancy in discussing the problems of sex and life, for the young people have had a proper approach for this discussion in their adolescent years—in what I may term the High School department of our Synagogue.

Our Young People's Temple League have special lectures and instructors coming to us and they speak authoritatively and frankly upon topics of sex and life. One such occasion was the splendid lecture of Dr. Valeria H. Parker which not only focused but clarified and directed our youth group in the field of social hygiene. Bibliographies as prepared by the American Social Hygiene Association are always at hand for the young people.

When a young man and woman decide to marry, the Rabbi prepares them for marriage and finds it much easier because of the regular course in social hygiene. Several conferences are held, separately, at first, with the young man and young woman, at which time the physical, mental, moral, spiritual, economic and parental factors are carefully discussed. Shortly thereafter a conference with both is had and the question of marriage as an institution and family life as a privilege are frankly discussed.

Such is the result of a carefully planned program with the young people which has given me in my short ministry of eleven years here in the city, sufficient joy and knowledge to advocate this intensive approach to sex, life, and social hygiene for other communities. The families with which I am acquainted through this intimate contact are happy—their children are happy and parents are satisfied. Those families who have not previously received this direction and education in social hygiene are “catching up” and feel pleased and satisfied with the repairs made in the breaches of parental and family life. I may say that the hearts of the parents have been turned to the children and the hearts of the children have been turned to the parents making the home a sanctuary worthy of God's presence, and, through social hygiene instruction, there is a freer and healthier atmosphere between the sexes.

SOCIAL HYGIENE EDUCATION IN RURAL COMMUNITIES

LAWRENCE LARROWE

Minister, Puffer Methodist Episcopal Church, Morrisville, Vermont

I am very glad to send to the JOURNAL a statement of our work in the field of social hygiene education, during several years of rural and small-town ministry in Vermont. Three of our projects may be of interest to your readers.

I. The Community Church in East Burke had sponsored a week-day program of character education in the rural schools of the parish. The actual work of teaching was being carried on by the parsonage folks. A feature of their work was the use of a 'personality check-up chart.' With this, the sixth, seventh and eighth grade pupils 'took a picture of themselves'—in body and health habits, speech, general attitude, home and school-room attitudes, and play habits. They rated themselves according to whether they were 'bad,' 'poor,' 'fair' or 'good.'

This was the first self-analysis these boys and girls ever had been asked to do—and I must say that they were both frank and accurate! As we checked over their ratings, we were surprised to discover that by their own admission "speech" was their worst problem. Nearly all of them had marked themselves 'poor' in this respect. The extent of their revelation may be seen from what 'speech' dealt with!

Bad—"Nasty speech. Likes to tell dirty jokes. Swears a good deal.

Poor—"Listens eagerly to dirty speech. Tells some dirty jokes, and lets swear words slip sometimes."

Fair—"Doesn't like such stuff. Speech is clean."

Good—"Likes clean wholesome speech. Thoughts are clean. Avoids others when their speech is dirty. Won't listen."

To us, their admission was an interesting insight into the condition of their minds regarding sex—into their ignorance of facts and values, and into the distorted pictures which already were exciting their imaginations and shaping their attitudes.

How could this be dealt with? It would do no good to be 'preachery'; these pupils had been admonished enough by parents and teachers. But had they ever been helped to work out a common-sense

viewpoint on these matters? Could such a view be worked out? We wondered if we had one ourselves!

As a result, we worked out a series of discussions covering several weeks. During these, we sought to work through to a sensible viewpoint on these matters. The work was not one-sided; it was cooperative on the part of pupils and teacher. We did not go into the facts of sex information; this would have been unwise in the conditions under which we were working. Nor did we indulge in 'muck-raking.' We did label the 'muck-areas' in such a way that the pupils knew what we were talking about, and with the labels which they themselves used—'nasty talk,' 'dirty stories,' swearing, etc. Then we dealt with these in a very matter-of-fact and objective way. The class decided that these were common and always had been prevalent. Also that these worked against and tended to destroy the higher values in various realms of personal living. Our classifications were as follows:

HABITS OF SPEECH aimed against GREAT VALUES OF LIFE

<i>Swearing of the blasphemous type</i>	<i>tears down</i>	the treasured and even precious names and experiences of religion, as God and Christ.
<i>Filthy speech, "nasty," "dirty" talk, "smutty stories"</i>	<i>prevents the enjoyment</i>	of the more enjoyable and happier comradeships between boys and girls, men and women, love, idealism, home, marriage, family life.
<i>Gossip, backbiting, or calling people "mean," names</i>	<i>destroys</i>	good-will, friendly relations between people, neighborliness, brotherhood.

Week by week, the classes worked this out and considered the great values of life. While it was impossible to chart the results, yet from the way the older boys came and talked over their own problems, and from the general interest and appreciation in the classes we felt that the pupils had gained (1) a glimmering of insight into the values of life; (2) a sense of the danger in habits so often considered of no serious importance; and (3) a distaste for these habits.

II. For many years I have been connected with a young people's Institute which brings together high school youth from throughout the state of Vermont. Last year, we undertook to deal with social hygiene education through our Institute curriculum. (1) A class conference in Christian Youth Comradeships was developed for second and third year students. This was led by a young couple who were especially well qualified for the work—the Rev. and Mrs. Blackburn, of Barre, Vermont. Actual problems of our Institute youth in this field were dealt with in discussion and personal conference.

(2) Also, the social hygiene motion picture *Damaged Lives* (sponsored by the American Social Hygiene Association) was brought to a local theatre for an evening. This picture portrayed in a very delicate and impressive way the values of love and marriage together with the wreckage caused by venereal disease. We regarded this as one of the most helpful features of our Institute program. (3) Miss Ruth Clifford, a social worker, taught a class for second and third year students in *Social Problems of our Vermont Communities*. Miss Clifford's personality is especially attractive to teen-age youth; and her work as Superintendent of the Elizabeth Lund Home, in Burlington, deals with the illegitimacy in the State. Through her class, a social outlook was presented in a very fine way.

III. We have heard that our town has a high rate of illegitimacy in comparison with other towns in Vermont. Therefore, during the past winter, we have been seeking to bring social hygiene education to the high-school youth reached by our Church. Miss Clifford was secured for two Sunday evening youth meetings. In the first meeting she gave an address on the general subject of boy-and-girl comradeships. In the second, she dealt with illegitimacy here in the state picturing actual cases she had dealt with in her work. On the next afternoon she visited the high-school, where she repeated this talk to the older girls. Then she spent two hours with a large group of girls, answering questions which involved, as one girl put it, "all that a high school girl ought to know." It was a splendid piece of work, and much appreciated by the young people.

As a result of my experience in working with young people I believe that the church and public school can hardly begin too early on the problem of boy-and-girl comradeships. Facts need to be given; but more than that, values need to be presented! This can be done best in a democratic atmosphere through discussion. From experience in the public school, I believe that the attitudes which young people develop in this field are more influential on their lives for good or bad than what they learn in the schoolrooms. Young people are going 'on the rocks' today more because of wrong training here or lack of training than from any other reason. Social hygiene and the spiritual values in comradeship between the sexes, in love, marriage and in home life need to be a primary concern of the church, the public school and the social agencies in every community.

YOUNG PEOPLE IN THE CHURCH

ROY E. DICKERSON

*Director of Activities, the Grand Council of the Order of DeMolay;
President, Kansas City Social Hygiene Society*

The Church Cooperation Section of the Kansas City Social Hygiene Society represents a method of making available to the ministerial and lay leadership in the church the resources of the Social Hygiene Society. The fundamental aim is to cooperate with the church in the training of leaders selected by it with the view to counseling and otherwise serving its own constituency in the field of Social Hygiene. Special emphasis is given to preparation of youth for family life.

The Section has from its beginning had the leadership, as Chairman, of the Executive Secretary of the Council of Churches, beginning with Reverend Irvin E. Deer. Upon his resignation this year to enter another field of work, the Reverend James W. McDonald, who succeeded him, also accepted the Chairmanship of the Church Cooperation Section. He had long been an interested member of it and a participant in its program.

Perhaps the most outstanding illustration of cooperation with the forces of the church was the provision of leadership for the Conference on Preparation for Marriage held as a part of the United Christian Youth Conference in March. More than a third of the thousand young people registered for the entire Conference elected to participate in the discussions regarding preparation for family life which were led by the President of the Social Hygiene Society. Ministers, Directors of Religious Education and lay leaders present as observers during these discussions were greatly impressed by one incident. Early in the Conference one young person spoke of his difficulty in securing adequate counseling. His remark resulted in the group being asked how many felt they could turn to leadership within the church for such help. When a show of hands was asked for, there was only one hand raised.

Another means of cooperation with the churches consisted in the direction of a class on Preparation for Christian Marriage conducted as one of the courses in the Kansas City School of Religious Educa-

tion. The course was accredited by the International Council of Religious Education.

There were innumerable instances of pastors and others drawing upon the library, and the services of the Executive Secretary of the Society, for materials and help in providing programs and counseling for their own congregations.

The major emphasis this Fall will be an institute for leaders in which the church leadership will be widely represented. A somewhat similar institute for church leaders conducted last Spring, over a period of five weeks, has played an important part in developing an increasing amount of social hygiene work on the part of ministers and other leaders in the churches of the city.

THE WORK OF THE COMMITTEE ON MARRIAGE AND THE HOME OF THE FEDERAL COUNCIL OF CHURCHES

L. FOSTER WOOD

Secretary, Committee on Marriage and the Home

The Committee on Marriage and the Home of the Federal Council of the Churches of Christ in America was authorized by the Executive Committee of that organization, on December 9th, 1926, to undertake a study of the problems in the United States with special reference to the safeguarding of marriage and the home. The primary means of safeguarding marriages was seen to lie in a better preparation of young people of both sexes for the responsibilities of marriage and home-building.

The Committee was organized on January 7th, 1927, under the guidance of Rev. Worth M. Tippy, D.D., Executive Secretary of the Federal Council's Department of the Church and Social Service. It was made up of representative leaders chosen widely from the constituency of the Federal Council and its purpose was primarily to stimulate, supplement and coordinate the work of the various denominations in the field of family life.

Rev. Russell J. Clinchy, now of the Mt. Pleasant Congregational Church in Washington, D. C., helped the committee by making a digest of denominational regulations and publications dealing with marriage, and Mrs. Abel J. Gregg, who served as part time secretary in 1929, assembled and prepared digests of research studies dealing

with family problems. As the work of the committee grew, Dr. Tippy gave increasing time to its work, both in its studies and pronouncements, and in field work and conferences.

Following an extended study with regular discussion meetings and reports, the committee issued a statement on *Ideals of Love and Marriage* in February, 1929. This was published in its entirety by a few metropolitan dailies like *The New York Times*, and also by Current History, and by leading religious journals, and in briefer summaries throughout the country. It was accepted as the Protestant view of marriage. In pamphlet form also, it had a wide distribution, a revised edition being issued in 1932. Two other important pronouncements by the Committee in its early period were a *Statement on Inter-marriage of Members of Different Christian Communions*, and the *Statement on Moral Aspects of Birth Control*.

In the promoting of general study of family problems by denominational leaders, ministers and study groups in local churches, the need of a classified and annotated bibliography early became apparent. A bibliography of 24 pages was issued in 1932, with such features as *The Family Book Shelf*, *Books for Those About to be Married*, and *New Homemakers*, *Books for Younger People*, and *Books to Help Ministers in Dealing with Problems of Personal and Family Adjustment*. This bibliography has been replaced recently by new lists prepared jointly with the International Council of Religious Education, and especially by a new and much more more extensive bibliography having such sections as: *General Books for Parents*, *Aids to Family Worship and Personal Devotions*, *Relations of Husbands and Wives*, *Home Management*, *Parents and Young Children*, *Parents and School Age Children*, *Parents and Adolescents*, *Classified Books for Young People*, *Aids for Leaders*, *Helps for Pastoral Counselling*, and *Background Books for Pastors and Leaders*. Furthermore, there is a list of other bibliographies in this field, a list of periodicals dealing with family relationships, and of articles on home life. Much help in the preparation of this bibliography was given by Mrs. B. S. Winchester of the staff of the American Social Hygiene Association.

In the later period of the committee's work it has been under the leadership of the author of this article who became its first full-time secretary in September, 1932. The present chairman of the committee is Professor Howard Chandler Robbins, and the vice-chairman is Rev. E. P. Westphal. Its later publications include *Building the Christian Family: A Program for the Churches*; and *Safeguarding Marriages*, a brief statement issued March 10, 1933, and now being elaborated into a pamphlet for the guidance of ministers, with special emphasis on pre-marital interviewing and post-marital follow-up.

The literature of the committee is placed on sale at conferences and meetings and distributed by several of the religious publishing houses and by denominational departments of Christian Education. Correspondence has been conducted with secretaries of social service on marital counselling and with secretaries of religious education on programs of family and parent education; also letters, questionnaires and literature have been sent to Presidents or Deans of all Protestant theological schools.

The committee has promoted the idea of consultation service by churches and ministers in the field of family life, knowing that people from church congregations, and from their neighborhoods, needing help with their marital and personal problems, are glad to go to the minister if they know he has prepared himself for such work. The minister, whose function it is to be an interpreter of life, and who, himself, has joined many such couples in marriage seems to have an outstanding opportunity to help as a personal counsellor, and many ministers have done notable work in this field.

In addition to the official publications of the committee, it has made use of material prepared by its secretary in response to requests from the field. This material has been worked out cooperatively, but published independently, not having been officially adopted by the Federal Council. Of these, the pamphlet *Six Tests of Marriage* has been widely used, and the new book, *Foundations of Happiness in Marriage* has been welcomed by ministers as the sort of publication many of them had been wishing to put into the hands of brides and grooms, since it gives not only a frank discussion of the sexual adjustments of young married people, but also lays emphasis upon psychological and spiritual factors in the union of personalities which marriage and homemaking require.

A study book for classes of young married people entitled *Growing Together in the Family* has been prepared with the advice of a special committee, but put out as an independent publication, and has just been published by the Abingdon Press.

Articles on family life have been prepared in the office and others secured from leaders in various parts of the country, and sent to the religious press, some of these having been syndicated widely. In connection with the preparation of the publications mentioned, and with the conferences held, some minor research projects have been carried out, especially in pre-marital counselling, in family experiences and problems, and in attitudes of young people on marriage and family life; the first two being conducted in collaboration with ministers, and the last with college classes and their professors.

It has been the plan of the committee to organize and conduct conferences to bring together leaders in the churches and in the community for the sharing of experience and the promotion of programs of family and parent education. Such conferences have been held as time and funds have permitted in various parts of the country, from New England to the Pacific Coast, although the depression has made conference work difficult.

The Washington Conference of 1934 may serve as an example of a city-wide conference with a large number of organizations cooperating. It was held under the auspices of The Social Service Committee of the Washington Federation of Churches with the cooperation of the following organizations: Parent-Teacher Association, Council of Social Agencies, Social Hygiene Society, Ministerial Union, Sunday School Association, American Association of University Women, Adult Bible Class Association, Federation of Women's Clubs, Young Men's Christian Association, Young Women's Christian Association, American Home Economics Association, and Home Economics Education Service of the Department of the Interior.

The Secretary has visited a considerable number of colleges and theological seminaries in addition to other field work in state and local meetings. The Committee on Marriage and the Home has had the pleasure, from its inception, of working very closely with the American Social Hygiene Association and the counsel and support of this organization have been of constant value. Social hygiene literature is used both in the conferences held under the Committee on Marriage and the Home, and in the regular work of the office in correspondence regarding program and materials with denominational and local organizations.

The committee is now planning to hold an extended series of conferences in cooperation with local committees as before, but with a new effort at coordinated planning with denominational executives responsible for family and parent education.

The committee maintains a reference library at its office for the use of counsellors, ministers and students. From this library also, some of the most useful books are put on display at conferences and other meetings, along with pamphlet literature.

An important aspect of the committee's work is its cooperation with other agencies working in the field of family and parent education. The committee values its association with these other organizations very highly and maintains the policy of doing its work cooperatively whenever there is opportunity. Among the organizations with which it has most fruitful cooperation, aside from the American Social Hygiene Association, are the International Council of Religious Edu-

cation and the National Council of Parent Education. The Committee believes that the churches offer a field not only for adult education in general, but for family and parent education in particular, which must be cultivated with the greatest care.

THE EXPERIENCE OF ONE CHURCH WITH PRE-MARITAL INSTRUCTION

C. RANKIN BARNES

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National Council of the Episcopal Church*

Writers in both the general and the professional press are frequently calling attention to the law of the Episcopal Church requiring its clergy to give pre-marital instruction to all persons seeking to be married by them. These writers often fail to realize that this requirement was not an example of either hasty or hysterical church legislation, but the result of long and careful study.

The General Convention of the Episcopal Church held in 1925 appointed a commission "to study the whole problem of divorce, its conditions and causes." Headed by the Rt. Rev. Herman Page, Bishop of Michigan, this commission raised adequate funds to make possible a thorough survey. Three years later it presented an exhaustive report which urged that "we require the right sort of training for marriage and the right sort of education in religion which shall build up the sort of character in men and women that will produce real Christian homes."

The commission was moved to emphasize the importance of training for marriage because of the meager pre-marital instruction revealed by its survey. Out of 270 clergy answering a questionnaire on procedure, "Only 39 said they gave any training for marriage, 193 said that they gave no training, and 92 said they gave very little."

In 1930 about half of the bishops of the Episcopal Church in this country were in London attending the Lambeth Conference, which brings together every ten years all bishops of the Anglican Communion throughout the world. There they listened to and shared in the long debates which ensued upon the report of the Subcommittee on Marriage and Sex. Among the twenty resolutions on these sub-

jects eventually adopted by the Conference, the most significant was not the much-quoted one on birth control but that on sex education.

"In all questions of marriage and sex the Conference emphasises the need of education. It is important that before the child's emotional reaction to sex is awakened, definite information should be given in an atmosphere of simplicity and beauty. The persons directly responsible for this are the parents, who in the exercise of this responsibility will themselves need the best guidance that the Church can supply.

"During childhood and youth the boy or the girl should thus be prepared for the responsibilities of adult life; but the Conference urges the need of some further preparation for those members of the Church who are about to marry."

In view of all this discussion it is not surprising that in the following year when the Commission headed by Bishop Page presented to the General Convention of the Episcopal Church in this country a completely revised canon, *On the Solemnization of Holy Matrimony*, this was adopted. The matter of instruction is placed in its very opening words. "Ministers of this Church shall within their cures give instruction both publicly and privately, on the nature of Holy Matrimony, its responsibilities and the mutual love and forbearance which it requires." This represented a completely new official approach. Furthermore, the matter of pre-marital instruction is the only item which is twice reiterated in the canon, which definitely states later on that no Episcopal minister may solemnize any marriage until after the following condition has been complied with:

"He shall instruct the contracting parties as to the nature of Holy Matrimony, its responsibilities, and the means of grace which God has provided through His Church."

To make sure of an adequate opportunity for such preparation and to discourage hasty marriages the canon added the following:

"No marriage shall be solemnized by a minister of this Church unless the intention of the contracting parties shall have been signified to the minister at least three days before the service of solemnization."

This canon went into effect January 1, 1932, and has now had over three years of testing. At the General Convention of October, 1934, the instructional requirements were left unchanged, but the provision for advance notice was modified by the addition of the following exception,

"Provided, that for weighty causes a Minister, upon less than the requisite three days' notice, may solemnize the marriage of persons, one of whom is a member of his own congregation, or

is well known to the Minister, but in such a case the Minister shall immediately report in writing his action to the Ecclesiastical Authority."

In order to increase the effectiveness of the original requirements of pre-marital instruction the Social Service Department of the Episcopal Church published, early in 1932, a bibliography, *Preparation for Marriage*, which was sent to all Episcopal clergy and to workers among young people. Since then I have had the opportunity of presenting the matter personally to large groups of clergy in states as separated as Rhode Island, New York, North Carolina, Kentucky, Minnesota and Oregon. In every case I have sensed their genuine eagerness to do a professional job, despite wide variations in technical information and emotional approach.

Furthermore, the question has been kept to the fore by its inclusion in the programs of the Episcopal Social Work Conference which meets annually as one of the associate groups of the National Conference of Social Work. Last year in Kansas City, for instance, this Conference had a joint session with the American Social Hygiene Association. The general theme, *The Technique of Pre-marital Instruction*, was presented from the standpoint of the social hygienist by Mrs. Margaret Wells Wood, of the Association's staff, and from that of the clergyman by the Very Rev. Vesper O. Ward, Dean of the Cathedral of Our Merciful Saviour, Faribault, Minnesota. A by-product of the meeting has been a continuous demand for copies of Dean Ward's address.

As a result of three years' use of the new marriage canon, five specific results have ensued:

First, in the thinking of the Episcopal Church marriage is coming to be regarded as an achievement to be prepared for rather than an accident upon which to gamble.

Second, there has been a decided shift from an emphasis upon the brief service of solemnization to one on preparation for permanence.

Third, the whole subject of pre-marital instruction has been brought into the open. It now finds its natural place in the curricula of the theological seminaries and in clergy conferences. A beginning was made in the field of appropriate literature with the publication last month of *Outfitting for Spiritual Marriage*, by the Rev. Floyd Van Keuren, D.D., Executive Secretary of the Social Service Commission of the Diocese of New York.

Fourth, Episcopal clergy, particularly the younger ones, are beginning to face the far-reaching implications of this new rule without

embarrassment and with an objective viewpoint. Large numbers of them are supplementing their individual instruction to the couple seeking to be married with the presentation of a copy of *The Threshold of Marriage*, published by the White Cross League of London.

Fifth, there is an increasing realization that the requirement that the clergy shall give pre-marital instruction carries with it, by implication, an insistence that parents shall have given their children, at an earlier age, an adequate background of sex education.

THE NINETY-NINE STEPS CLUB

C. EVERETT WAGNER

Minister, Union Methodist Episcopal Church, New York City

The "Ninety-nine Steps Club" is the young people's department of the Union Methodist Episcopal Church, 229 West 48th Street, which is located in the heart of the Times Square district. After a year of disappointing experience in trying to build an organization of young people along the traditional lines, the Church with the young people that we had began to form a new kind of organization which would meet certain vital needs. We found young people in New York City had so few opportunities to cultivate intimate friends. They were "starved" for wholesome human companionship. For six years now the "Ninety-nine Steps Club" has been a center for young people to make friends and about two thousand young men and women have been members of the organization during this time. The club takes its name from the advertising slogan of the Church, "99 steps West of Broadway."

For the purpose of getting acquainted as quickly as possible the club is divided into small groups of 40 to 60 including both young men and women who are about the same age. Each group has two regular weekly activities. On a week-day evening the club comes together at eight o'clock for a social occasion. They play ping-pong or bridge, and dance. In the early part of the evening the club has a business meeting in which the members discuss plans for future activities. The second meeting is on Sunday afternoon when the

group has a tea and a discussion, members having been appointed at the business meeting to act as host and hostess for this tea.

From a survey we discovered that only four per cent of the club young people live within a mile of the Church. Forty-nine per cent reside in Manhattan and the others in Bronx, Queens, Brooklyn, Long Island and New Jersey. We have always had a few that live as much as thirty miles distant from the church.

Fifty per cent of the members have attended college and 42 per cent high school. Eighty-nine per cent are Protestants. Only 11 per cent are native New Yorkers. They work in offices, banks and stores. Forty-nine per cent are young men.

The atmosphere of the 99 Steps Club has been kept informal. From our survey we learned that a majority of the members have their closest friendships with persons whom they first met at the Club. Many members spend three-fourths of their leisure time either in Club activities or in company with friends with whom they first became acquainted at the Club.

To each group of 40 to 60 young people the Church assigns a trained director. He is in charge of the group at its two regular meetings and joins in special activities. As he becomes very well acquainted with the members and they feel they know him, the director is in a key relationship to do much counseling and is often asked for advice on living quarters, work, religious beliefs and marriage.

Much informal counseling grows out of the Sunday afternoon discussions which the director conducts. Here is where actual changes in attitudes is seen to take place. Fifty-two per cent feel that the discussions have increased their interest in current events; 27 per cent feel that the discussions have "refined" their ethical judgments; 8 per cent feel they have been helped to liberalize their own thinking. The subjects for these discussions are those vital to the young people themselves. Religion, marriage, industry, civics, and internationalism are among those that are frequently selected. Marriage is a subject the groups especially like to discuss. Sometimes specialists on these subjects are asked to address the groups and the members are always most eager to ask questions privately of the speakers. In some cases engagements are made for private conference. Sometimes, for certain members the minister of the Church, a psychiatric social worker, a psychiatrist, or a physician is called upon for counseling. Whenever people in the Club ask for help in meeting crucial problems we do the best we can to assist them.

Betty — is one with whom we counseled for seven weeks. Here is her experience.

Betty would never have been salvaged if she had not fallen ill. We discovered her all alone in a dingy room of an old tumble-down rooming house. She told us that she had seriously contemplated suicide three times but had lost her nerve. It all started when she was out of work. A friend had offered her a job modeling in the nude. She never did like it much but she had to do something and modeling seemed better than starving.

But somehow, things went from bad to worse. She grew frightfully disillusioned about life, particularly men. She was ashamed to communicate with her half-brother, a fine young man holding a very respectable banking position in Brooklyn. She felt that she had fallen too low to appeal to decent people for help.

Well, to make a long story short, she came out of the situation remarkably well. With the help of other social agencies she was given a private room in a neurological hospital. Under good care she responded to the suggestion that her brother might be willing to help her out. The boy rose nobly to the occasion and helped her back on her feet, both morally and financially speaking. Through friends he obtained for her a position in a high grade woman's apparel shop where in due course of time she became a remarkably clever buyer.

Betty's story is only one of many instances where young men and women have been helped to find themselves through this branch of the Church's activities. Less dramatic, but quite as convincing, are the many incidents in the course of everyday life among the Club members which testify to the importance in which they regard their affiliation in this group. Perhaps most gratifying of all to the founders and directors are the betrothals and marriages and family-group beginnings which have grown out of acquaintances made through the Club, the young people continuing in their new status to seek counsel and advice as needed. It is believed that the Club is of real worth in aiding a portion of the young people of this great City to recognize and hold fast the true values of life, and to keep that friendly touch with others which is so important for their happiness and well-being.

EDITORIALS

FAMILY RELIGION

HARRY EMERSON FOSDICK

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EDITOR'S NOTE: Owing to illness, Dr. Fosdick was unable to prepare the special editorial comment which he was expected to contribute to this number of the JOURNAL, in which he had expressed deep interest. Under the circumstances permission has been granted to reprint these excerpts from a sermon given by him, and later broadcast from Station WJZ, as being especially pertinent to the subject under discussion, as well as expressive of Dr. Fosdick's own views on family life.

. . . Religion moves in different areas and organizes itself around different centers. There is personal religion, the kind we carry around with us and live by in the inner regions of our personalities. There is ecclesiastical religion, the kind we institutionalize in churches, with their traditions, politics, rituals, and rubrics. And there is family religion, the kind that when it is at its best floods a home with light, and makes all the relationships therein sacred and beautiful. . . .

We are all concerned with it. We came from homes, we live in homes, we plan to have homes—nowhere are our deepest personal interests more involved than in the problem of the family. And when we step outside our individual concerns and think of the nation, it grows more obvious every day that the real battleground for the moral life of America is the family. Let us multiply our inventions and raise to its pinnacle the highly articulated, mechanized miracle of a civilization that we have started here; let us increase our industries and accumulate our wealth; let us even build great temples dedicated to public worship and great schools dedicated to public education; but, after all, what this country is going to amount to in the end depends upon what happens to its homes. There is no substitute for parents.

Moreover, religion has a tremendous stake in the home. All our Christian ideas, for example, are home ideas and all our Christian language is home language from calling God our Father to calling ourselves his children, or defining our ideal

in terms of brotherhood. One cannot think Christianity or talk it without the atmosphere and terminology of the family. Christianity is not simply religion; it is religion saturated with family life until it means fatherhood, sonship, brotherhood, love. So the fortunes of Christianity and the home are inseparable. What happens to one inevitably happens to the other. Let the family life of this nation decay and there is no magic by which the Christian religion can be maintained. When we think of the family, then, we are indeed at the center of things as individuals, as citizens, and as Christians.

. . . Willy-nilly, in the home we are teaching our children religion of some sort. Once in a while you hear parents say that they do not intend to teach religion to their children. Religion is an intimate, personal matter that every child has a right to choose for himself, and they propose to leave the child neutral while he is growing up and then let him freely select religion for himself. How very plausible and liberal that sounds! But of course, anybody who knows child psychology at all knows how absurd that proposition is. Even if you want to you can't keep a child religiously neutral. What do you think religion is? A bay window put on the side of a house after it is finished? Do you suppose that you can build the entire house and then add religion as an afterthought? But religion is not thus an addendum appended to life. Religion is the spiritual atmosphere and climate that pervades the whole establishment, and as soon as a child is born in any home the home begins creating in that child a spiritual climate, teaching that child basic reactions to life, attitudes toward life, feelings about life, which inevitably enter into the very substance of any religion which that child ever will possess.

Suppose, for example, that some parent should say what, alas, many parents do say in effect, that sex is a very intimate, personal matter and that they are not going to teach their children anything about it but let them be neutral until, of age, they choose for themselves what sex shall mean. You would see at once how false and dangerous that would be. Sex is not merely a little side show in life; it is so central that our reactions to it color the whole of life for good or ill,

for beauty or ugliness. Just because it is so intimate and personal, not even a child can be neutral. Be sure of this: if we do not shoulder our responsibilities as parents and teach our children what sex means at its best they will pick it up somewhere else, the more's the pity. So it is with religion. . . .

The children of today are independent and nothing can keep them from being so. The more vigorous and worth while they are the more independent they will be, but they are not being trained for it. They are going out as though independence were an easy matter to handle whereas of all fine arts it is the finest and most difficult. You see, life is like a tree; every time you get new branches you must have stronger roots. And youth in our generation has branched out. You can fairly lie awake at night and hear it branch out, into new liberties, new responsibilities, new expansions of life, springing doubtless from our modern inventions all the way from the automobile up, beyond the power of any one of us to counteract.

Now, people sometimes talk as though all this expansion and enrichment of life into new liberties were a substitute for religion and made it less necessary. You might as well talk about branches being a substitute for roots. Branches require roots. How can we drive that lesson home on our young people and on their parents? . . .

THE AMERICAN SOCIAL HYGIENE ASSOCIATION AND THE CHURCH

The original group of sponsors of the American Social Hygiene Association, organized in 1914, included such eminent churchmen as James Cardinal Gibbons, Bishop Walter T. Sumner, the Reverend Anna Garlin Spencer, the Reverend John P. Peters and the Reverend George R. Dodson, and without exception the list of laymen and women who completed the roster were identified closely with church groups and the spiritual life. Such names as Charles W. Eliot, John D. Rockefeller, junior, William A. Greer, Abram W. Harris, David Starr Jordan, Jane Addams and Felix M. Warburg are as well known in church circles as in the various professions and occupations which placed chief claim upon their owners.

It is not strange, under these circumstances, that from the beginning the Association has found in the church a powerful ally, and has sought constantly to be of assistance to church groups in every way possible. The history of social hygiene in this country, if and when it is ever fully chronicled, must of necessity be also the story of a part of church activity which has had marked effect on community life, and history has repeated itself many times in the twenty years of the existence of the nation-wide social hygiene movement. Such a community drama as that which was played in the City of Atlanta, where an organized church group sought—and in 1916 succeeded—in routing out the segregated vice district which was proving a stumbling-block to the provision of wholesome environment for the city's young people, finds its present-day counterpart in the organization of the Toledo Social Hygiene Council, with the Executive Secretary of the city Federation of Churches as its head, and its first job to present to the city authorities the facts secured from an undercover study of commercialized prostitution. The Youth institutes and the Forum programs described in some of the articles in the foregoing pages are the worthy successors of those early simple talks and discussions on young peoples' problems, and marriage and family life which Mrs. Spencer began long ago in the Bell Street Chapel in Providence, Rhode Island. The balanced programs of the Federal Council's Committee on Marriage and the Home, and the Department of Social Service of the Protestant Episcopal Church are examples of the logical outcome of the tested experiments made by these groups in education for marriage and family life.

There is perhaps in any of these nothing new, but there is clear thinking, and a positive conviction of necessity, and a definite direction that denotes undeniable progress towards objectives and a very encouraging prospect to those who have the social hygiene movement at heart.

We forebear any detailed account in this issue of JOURNAL of the Association's part in church projects in favor of more valuable material for our readers. A glance over the record, however, reveals such a variety, richness and notability in cooperation with the church through services of the Board

of Directors, the General Advisory Committee, and the officers and staff, as well as through provision of facilities and materials, that we set down briefly a few instances:

Advisory counsel and provision of financial support, literature and other materials to the Federal Council of Churches' social hygiene program during its development into the present strong Committee on Marriage and the Home; provision of staff services as Chairman and Associate Chairman for the Committee on Parent Training in Churches of the National Congress of Parents and Teachers. In connection with this Committee's work parent-training conferences were arranged in several communities, with Jewish, Protestant and Catholic church groups cooperating; provision of staff services for popular lecture courses and training institutes for church leaders for local Church Federations in a number of communities, such as Boston, Detroit, Buffalo and Baltimore; special programs for women's church groups, especially the Women's Alliance of the Unitarian Church, with Association speakers and leaders in charge. An annual meeting of the Alliance, in Boston, was a noteworthy example. Provision of lecturers for the Annual Conference of the Society of Friends; lecture and institute service for numerous Jewish religious groups, including special youth programs, and for Temple Sisterhoods; addresses and discussion programs for Catholic Schools and institutions, Catholic Clubs for Women and Girls, and other Catholic groups; addresses for Sunday School Association, Southern Methodist Church; lecture service and general cooperation with National Girls' Friendly Society; addresses and joint sessions with the National Church Conference of Social Work and the National Episcopal Conference of Social Work; advisory, consultant and lecture service for National Y.M.C.A. and National Y.W.C.A.; special cooperation Protestant Episcopal Church in ministerial extension courses; addresses and counseling service for Youth Conferences in various parts of the country; provision of special literature for church use, such as pamphlets, reprints, special programs and leader-training course outlines, special sermon outlines, such as the Valentine's Day project, and assistance in preparing bibliographies and other materials (see page 261 for reference list).

In the publication of this *Church Number* of the JOURNAL OF SOCIAL HYGIENE the Association believes one more strand is being woven in the bond that joins its special interests with that of church groups. We shall welcome suggestions, comments and inquiries on any of the material presented.

NEWS AND ABSTRACTS

SOCIAL HYGIENE AND THE CHURCH SCHOOL

SUGGESTIONS FOR COURSES AND GENERAL INSTRUCTION TO BE CARRIED ON BY SUNDAY SCHOOLS

The church school is one of the most effective means which the local church can use in social hygiene education, both as regards individual needs of youth and adults and as it concerns the place of church groups in community social hygiene efforts. In these schools definite classes can be organized for long periods of time, if necessary, to carry into effect the type of education desired. While not all church schools are fitted to do this work at present, nevertheless, they present possibilities which, in the hands of a convinced and effective pastor, can be used with the greatest promise of results in the life of the community. For this work the primary needs are:

- (a) an informed conviction within the church as to its need and value;
- (b) leaders prepared to guide the study groups or classes; and
- (c) suitable courses of study.

If there are not enough interested people in one church, it may well be possible to organize a community class which draws people from several churches. This is particularly true of the adult classes. In some respects such a method of beginning work in the community has distinct advantages over confining it exclusively to one church or to one denomination. This is doubly true since no church can stand alone in the social hygiene education even of its own children, because they continually associate with the other children of the community.

There are probably few communities, indeed few churches, in which the pastor or some teacher or other educated person could not be found who would be ready, or who would prepare himself, to conduct one or more classes, either within the single Sunday school or as a community enterprise. The following classes can be provided for as the demand arises, without any danger of unfavorable reaction:

1. *For Adults*

- (a) A training class of adults who are willing to prepare themselves to teach the elements of social hygiene to other adults or to young people of high school age. This class might well include the

pastor and a small number of the most far-sighted and otherwise suitable men and women in the congregation.

(b) A class for adults in the study of those conditions in the community which strongly affect the sex life of young people for good or ill, as: the state of community opinion and standards of sex conduct; the quality and quantity of facilities for recreation and amusement, the control of these, and the bearing of all this upon wholesome life among the youth; law and law enforcement relative to prostitution and sex delinquency; the character and the control of venereal diseases; measures of social protection to prevent the sex exploitation of the immature or the subnormal; and the economic and industrial conditions in the community which work against right solutions of the sex problems of youth.

(c) A class for parents of children up to ten or twelve years of age to study the principles and practice of home education of young children and their application to those phases of sex which bear on early life and character.*

(d) A similar class for parents of older children.

2. *For Young Men and Women*

(a) A class for young men of marriageable age in which will be discussed frankly and intimately such problems as will enable the young man to organize his sex ideals and practices soundly. This includes such topics as the single standard, continence, faithfulness, courtship, engagement, marriage, the sex and other adjustments which make or mar marital life, preparation for parenthood and for the character training of children.

(b) A corresponding course for young women of marriageable age, dealing with similar subject matter and adjusted to the practical needs of young women. This should, if possible, be under the leadership of an intelligent, tactful young matron, who is making a success of her own life.

3. *For High School Boys and Girls*

(a) A class for older boys of high school age. Such a class would deal with the immediate problems of the boys in their efforts to prepare themselves, not merely for life at large, but for manhood of the finest type, and for love and marriage when these come. Under suitable leaders, such classes in the Sunday school could meet certain problems of middle and later adolescence more effectively than is now done in any other institution. High schools are doing something for these young people by way of special emphasis in biology, physical education, hygiene, and the like. The church school, if it can fit itself to handle the basic facts in a convincing way, can add to what is done in the ordinary high school a social spirit and a human interpretation of facts, which otherwise the young people are not likely to

* *Parenthood and the Character Training of Children* (T. W. Galloway. New York. Methodist Book Concern, 1927. 224 p. \$1.00) outlines such a course, with problems, illustrations and discussion topics.

get. After this is done the church school can properly add the sanctions of religion as no other agency can.

(b) A similar course for older girls of high school age. Again, the leadership must be well chosen and in every way suitable, and the course organized to meet the everyday needs of the girl in her own home and in her social and recreational life, as she prepares herself in thought and conduct for her later opportunities as wife and mother.

Other courses will naturally suggest themselves to church leaders and pastors to meet their especial needs for group instruction and discussion. The American Social Hygiene Association is always glad to be of assistance in planning such courses for church groups.

Less formalized than the church school courses and classes, but no less important, are the periodical meetings and programs of such church groups as Young People's Guilds, Leagues, Unions and other organizations, and the popular Forum meetings at which social hygiene is a frequent topic of discussion. Church institutes, for leaders, for lay church people and particularly for young people are another valuable channel through which much social hygiene education has reached the community.

A Joint Conference in Los Angeles.—The one-day conference held recently at Occidental College under the joint auspices of the Los Angeles Institute of Family Relations and the California Church Council is a notable example of cooperation between church and social hygiene groups. Stating their conviction that family stabilization requires both the new knowledge of family relations for which the Institute stands and the spirit of religion which the Church Council is fostering, the sponsoring agencies presented on February 16th a program packed full of practical worth. Speakers, leaders and about 50 consultants were drawn from religious, educational and welfare groups. A registration fee of \$1.00 was charged for the entire conference, with an admission fee of 50 cents for single sessions, or 75 cents for two sessions. Half price admission was charged to college students. An exhibit of literature and other materials was on view. For the benefit of agencies interested in arranging such programs, the day's schedule of sessions and subjects is given herewith:

General Topic: **How Can Religion Strengthen the Family?**

Forenoon Session—Lectures and Discussions

10:00—11:00 Address: *Science Throws New Light on the Family.*
Discussion.

11:00—12:00 Address: *Administering the Unforeseen.*
Discussion.

Luncheon 12:10—1:40—General Address

Afternoon Session—Round Table Discussions

First Series, 1:45—3:15

1. *The Child's Heredity.*

Just what does the child inherit? Are mental and moral traits inherited? Inheritance of disease and defects. Influence of heredity on superior or inferior families. How shall superior families be encouraged and the inferior restricted? Eugenic sterilization as a preventive measure. Segregation. What influence does heredity have on the religious development of children?

2. *Teaching Family Relations in the Church School.*

How can the church school prepare its young people for successful marriage? How can it aid in the choice of a mate? How can it help married people in more harmonious and successful family living? Has it any responsibility for sex education? The selection of teachers, of courses, and of materials, for the various grades.

3. *The Home and the Child's Religious Development.*

Influence of early surroundings on the development of the child's personality. What is the effect of family prayer, of daily Bible reading, of the example of parents? Conscious and unconscious influences in the religious development of children and adolescents. Does the home dominated by religion produce a characteristic type of citizen? Of husband and wife? Of parent?

4. *"Things" vs. Other Values in Family Living.*

To what extent should things influence family life? Should young people wait to marry until they have enough money, and how much? Must they live up to the standards of expenditure that their parents have reached, or that their friends follow? How does religion help in appraising family values?

5. *Young People's Forum: Getting Acquainted and Choice of Mate.*
(Attendance limited to young people.)

How can young people make wider social contacts, especially with those of the opposite sex? What opportunities are offered by the churches and church young people's societies? What qualities do you desire in a husband or in a wife? Where will you find her (or him)? How will you win her (or him)? How can you tell when you are really in love? Can religion help in the choice of a mate?

Second Series, 3:30—5:00

6. *Influence of Religion in Preventing Discordant and Broken Homes.*

Can the members of the family be dissimilar in temperament and have similar ideals? How shall family ideals, temperaments, and individual interests be harmonized in the daily round of living together? Give an take, considerateness, courtesy, sympathy in the home. What is Christian love? What is its relation to conjugal love? What is Jesus' attitude toward marriage and divorce? What is its modern application?

7. *Guiding Youth in Social Ethics.* (A joint discussion by parents, teachers, social workers, and other counsellors and guides of youth.)

The questions which young people are asking. How may these be answered on a sound scientific and Christian basis? Are there any authoritative standards of moral conduct? Is there any danger in the single standard of morality between the sexes? Just what is Christian freedom?

8. *The Safeguarding of Marriage.* (Intended especially as a conference of clergymen and others performing the marriage ceremony.)
How can parents help their young people in choosing a mate, and in preparation for marriage? How can society help? How can religion help? Personal responsibility of the clergyman, or official performing the marriage ceremony, for knowing that bride and groom are properly prepared. What shall the person officiating expect? What shall he require? What shall he offer? Materials available. Is state legislation desirable?
9. *The Family at Leisure and Play.*
What shall the family do with its new leisure? Can its members have recreation together? Leisure activities of husband and wife. The play life of children, including games, reading, movies, amusements, etc. The educational and religious values of these phases of the child's life. With whom do our children play? What are they reading?
10. *Young People's Forum: Religion and the New Freedom of Youth.* (Attendance limited to young people.)
What do young people mean by freedom? Shall they make their own choices? Are authority and freedom irreconcilable? What place does Christianity have in choices? What is Christian freedom?

5:30—7:30 Group Suppers and Sociability

- Young People's Group.* Sponsored by Young People's Council, affiliated with the California Church Council.
- Young Married People's Group.* Sponsored by the Committee on Marriage and the Family, California Church Council.
- Senior Group.* Sponsored by Recreation Committee, First Congregational Church.

Evening Session—Lectures and Discussions

7:30—8:15 Joint Session: Address: *Religion and Romance.*

8:15—9:30 Panel Discussion:

8:15—9:30 Young People's Forum: *Attractive Personality.*

What is personality? What is an attractive personality? How can it be developed? Does Christianity have anything to do with it? How can young people interest those of the opposite sex? Arrested emotional development. How to get rid of an inferiority complex? How combine romance and religion?

An added feature of the program in addition to the registered attendants at the conference was a special session held at 9.30 P.M., for husbands and wives, who were asked to cooperate in the Institute's recently undertaken study of the factors which make happiness in marriage. For further information on this program or other details, inquire of the Institute of Family Relations, 331-3 Consolidated Bldg., 607 South Hill Street, Los Angeles, California.

CURRENT PUBLICATIONS

PATIENT-EDUCATION IN SYRIA

*Ali El-Hussein—Euphrates Arab—A Sketch of One of the Many
Bedouins Now Finding Their Way to the New Mission
Hospital, Deir-ez-Zor, Syria*

Ali el-Hussein lives in the village of el Jadeed, a single row of straggling mud huts on the each bank of the Euphrates, fifteen miles below Deir-ez-Zor. He has been sick for years, and having heard of the new hospital he decides to go there for help. There is no donkey in his home and he has no money to hire one, so he starts out afoot one morning before dawn, with others from his village.

Toward the middle of the morning the party comes in view of the hospital to which Ali is bound, its generous windows and neat red roof welcoming the passerby. So Ali finds his way to the clinic door and sinks down against the wall of the big waiting room.

When he hears his name called he gathers his sheepskin coat about him and follows a man in a clean white apron up the stairs. First he sees a *sitt* (lady) in a white dress and cap, who puts a glass rod in his mouth, and lays her fingers on his pulse. Then she wraps a cloth around his arm and pumps a bulb and he feels a tingling go through his hand—but not for long. Finally, as he is beginning to wonder what it is all about, he is bidden to wait on a bench in the hall outside until his turn comes to see the doctor.

The door opens, the doctor—also in white—bids him good morning and beckons him in. He indicates a stool for him to sit on, but sitting on anything higher than the floor is a new and rather unnerving experience. Ali is at a loss to know just what to do with the knobbed staff which he, like his fellows, carries; the stick finally comes to rest on the floor. There are certain preliminaries before the conversation begins, first the whispered *b'ismi'llah* as he enters the room, and then the hearty *Marhaba!* of salutation. The doctor then asks Ali his name and village, and such irrelevant questions as the number of his children and the state of his wife's health. He answers he has no children. "No children?" says the doctor, "not even girls?" "Oh, I have a girl." "How old?" "She is still nursing, and with her mother—I crave your indulgence for mentioning these females in your presence."

While the doctor makes a note Ali mutters, "May God—His name

be blest and exalted—lengthen your years.” The doctor shoots three questions in a row—he has learned by practice that one of the three may be grasped the first time. “What’s the matter with you? What do you complain of? Where is your pain?” At first Ali protests at such a bold attack. “You know my disease,” he says deprecating that he should tell the *hakim* anything, even about his own pain. But when the doctor presses for information Ali, emboldened, himself breaks in with the apologetic “God have mercy upon your father,” bunches his fingers to claim attention, and tells his story. It begins, “May God lengthen your forearm” (that is, may you be able to secure anything you reach for). “Do not become angered with me if I speak of unworthy things. I have—far be it from you, O son of my brother—a pain here,” and he lays his hand solemnly on his stomach.

When the questions are over the doctor asks Ali to remove his headcloth and rope. These with the 25-pound cloak are dumped in a corner of the room and Ali steps forth in a cotton “nightgown” which was once white, but is now covered with many a tell-tale spot left by the denizens of the depths of his sheepskin. His head—innocent of soap and comb since birth, and his hair, unkempt except where braided “lovelocks” fall from his temples, are only uncovered because both doctor and patient realize the extraordinary demands of the occasion.

The doctor indicates to him the examining table and Ali, saying, “Who looks on your face, may he see but good,” and whispering a sibilant “Name of God,” mounts the table by first planting a leathery and dusty foot in the center of the white sheet. He next slips off a belt which carries a curved and sheathed knife, and removes one or two leather-bound amulets hung by strings about his neck. Finally his heart and lungs are ready to be examined but he finds great difficulty in understanding what the doctor means when he says to take a deep breath.

The doctor tells as a result of the examination that he needs a course of treatment—in the forceful vernacular, that he needs to be hit with a needle every day. The reply is immediately “But my house is far and my time is short.” He asks if it is not possible to get two needles a day, and thus cut down the time by half. The doctor explains he is free to go at any time, that this is a place of healing—not a prison, and in Ali’s language, that the sin (responsibility) is on his own neck. There is more argument, and the doctor uses the familiar Arab illustration, “We may strike the tail of the snake, but unless we smash the head also we have failed.” He replies sententiously, “W’allahi, the butter (that is, the essence, the richest

part) is in the head!" The doctor says that "patience is the key to the door of relief," and he replies, "Verily, patience is of God."

Then there is the question of medicine to drink, a tablespoonful three times a day after meals. "What," says the doctor, "no spoon?" "O long of years, we Arabs are wild beasts, we eat with our hands, we know not spoons." So with a glance at the size of his palms the doctor agrees that a palmful might do, and makes a change in his dilution. And how about food? "What shall I eat?" asks Ali, knowing full well that he has absolutely no choice in diet. So to please him the doctor begins, eggs, milk, vegetables, fruit; but these are not realities to Ali. He churns his milk, he sells his eggs, and he raises neither vegetables nor fruit of any kind, so he breaks in "God guard your offspring! We Arabs, we eat corn, like our asses! Know you not that the food of the bedouin is corn, baked in the fire, and that even our Sheikhs eat only pounded wheat?" So the matter is closed.

And now for the supreme moment, the all-important question of cost. The Koran says to bargain until the sweat runs down your forehead, and nothing worth while has ever come Ali's way without a price. To him, free medicine means worthless medicine and scorn for the doctor who believes him such a dupe as to esteem it worth taking. The medicine must have a price but—equally true—a reduced price. At this point Ali rises from his stool and leans over the doctor in a confidential attitude. With one hand he makes a tentative gesture of supplication at the place where the doctor's beard should be, and in soft tones he says, "The All-Powerful alone knows how poor I am; by your head and by my honor I speak the truth. I came a long way to you this day because I heard it said in the market that you in this place did works of healing as a gift to God. Should you heal me, I would praise you night and day; for I depend first upon God, and then I trust in you! Perhaps God will use you to work a work of healing in me—perhaps God. . . . By Allah (and be He exalted) I have not wherewithal to pay you one flea (smallest silver piece)!" And so, not too hastily, and with solemn regard for convention, doctor and patient agree upon terms, and one who exists just above the subsistence level secures at infinitesimal cost the offices of the best drugs that modern medicine can supply (see note).

Note: Out of the first 100 bedouin patients who entered the clinic this year the blood of 72 gave a positive test for syphilis, a disease requiring more expensive medicines than perhaps any other.

As Ali turns to go, he does his best not to look too pleased with the bargain he has struck, he gropes for his stick on the floor and with a

final blessing grasps the doorknob and pulls. The doctor on his part, with final adjuration to drink the medicine systematically (is there any hope of Ali beginning at this age to do anything systematically?), shows him the knob must be turned first and then pulled, and bids him go in peace. The séance is not quite over; the doctor must tell the clerk Habib anything which he wishes particularly for Ali to understand, and Habib must tell Ali three times. Then one of Ali's friends will explain it all to him, and Ali himself will be back twice to make sure he has it right. The written label on the bottle is of course useless except for decorative effect.

The Whole Social Hygiene Duty of a Clergyman.—"A pastor, well equipped with requisite knowledge and with tact, should be able to do the following things in connection with social hygiene for his community: exalt and explain from his pulpit the normal functions of the human family, and indicate the threats made against it by the conditions of modern life; give definite instruction and accurate propaganda about the kinds of constructive things a community can do to improve its home and marital life; furnish leadership, both within the church and in the community, for movements to foster adult education about the possible methods of improving the environment; help by his intelligent guidance the families of his congregation to solve their own marital problems, and inspire the parents to prepare themselves to furnish the right sort of sex-character education to their own children; give stimulus and leadership in training instructors and in organizing sex-social instruction in his own church school; and establish such relations with his individual young people that he may give them personal aid in solving their sex problems as they arise.

His ability to render the more personal types of aid mentioned above will depend in considerable degree upon the skill and persuasiveness with which he uses his pulpit opportunities to substitute real knowledge and clear thinking for the prejudices by which the adult mind is usually ruled in matters of sex. An increasing literature is arising which will enable the pastor to equip himself to do this kind of work effectively."

THOMAS WALTON GALLOWAY

NEWS FROM OTHER COUNTRIES

Japan and China—A Letter from Mrs. Olds.—Many JOURNAL readers will remember Mrs. C. B. Olds, Superintendent of the Educational Department of the National W.C.T.U. of Japan, who has visited this country at intervals during her years in Japan. The following excerpts from a letter recently received in the national office from her, give an interesting account of social hygiene progress in the far East and a glimpse of the general social situation there:

“From August 6th to December 9th I was absent from Japan, most of the time engaged in a very strenuous program of lecturing in Korea and Manchuria. In China I spent a week-end at Yenching University where I saw young men and women on the campus together, or having friendly tete-a-tetes in the social hall, and I heard firsthand from girls in the dormitory of their fine friendships with young men. This has given me something to talk about when I return to Japan, where coeducation is still considered a doubtful experiment.

Miss Margaret Speer, Dean of Women, asked me to address the Freshman Hygiene Class (both men and women) which I did, taking as my subject, Relations Between Young People. It seemed to interest them, and others also, for the room was crowded. I was pleased to hear later that Dr. Li, the Hygiene teacher, was using the English books on the subject that I had left there for a few days, in order to help his students.

I believe there is no more unique or beautiful campus in the world than that of Yenching. Wherever one stands he is thrilled with the beauty of it all—the buildings in the native Chinese architecture with their richness of coloring, the lake with the pagoda water-tower beyond, the little hills and rustic bridges, and the ancient obelisks and stone lanterns that are relics from the nearby ruins of the old summer palace.

If there were space I should like to write more fully of my impressions of Peiping where I spent nearly two weeks. One may ride in jinrikisha anywhere in the city for three hours for only 20 cents gold. The streets are crowded with all kinds of vehicles bringing in merchandise and people from the country. Donkeys and mules are much in evidence. How one has to laugh to see an old countryman in his thick padded garments astride a tiny donkey! The water barrow is always there also, with its characteristic squeak. I learned to love the weird street calls, for some of them are delightfully musical. Everywhere in Peiping there is a riot of color and sound which is not soon forgotten. Thororoughfares in Japan will seem very clean and ordinary after the fascinating sights and sounds and the confusion and din of dusty, dirty Peip-

ing. Also I shall miss the camels with their stately tread, and the numerous funeral and wedding processions with their gay banners, drums and other noisy music.

My strenuous tour of lecturing began September 1, in Korea and gave me an excellent opportunity to see the work in many of the oldest Mission Stations, where I was permitted to address both Japanese and Korean groups. I visited ten different Mission centers from all of which native leaders are going forth into the rural districts round about, bringing to the people new life and hope.

A Sunday spent in Pyengyang, which is the largest Presbyterian Mission Station in the world, stands out vividly in my memory. I was awakened by the ringing of church bells. Soon, from every direction, white-clad people began to emerge, whole families of them together, and all moving in one direction—toward the nearest church. In all, in that city of 120,000 Koreans there are 17 large Presbyterian churches, with half as many more in the immediate suburbs and a half dozen or more large Methodist churches. Everyone there goes to Sunday School, which lasts from early morning till the time of the regular preaching service at two o'clock. At 10:00 o'clock I looked into the auditorium of one of the larger churches and I found it filled with women, several hundred of them, sitting on the floor in groups of ten or so, and studying the Bible, all with the keenest interest. At the close of the hour the bell rings and the women hurry home, while in their places the men-folk come then for their hour of Sunday School. Thus in one day, beginning with the children's section at nine o'clock, more than two thousand people are in attendance at Sunday School regularly.

The main service is held in the afternoon where an attendance of 2,000 people is the customary thing. I was amazed to see, also, some 600 men and women at the evening service.

In Korea I travelled third class and found it more comfortable than in Japan. I enjoyed the scenery, too. Korea is not as picturesque as Japan but there is a continental breadth and grandeur about it all that grips one. Great slow-moving rivers, broad stretches of pasture land with cattle grazing here and there, waving fields of green, stretching miles without end, with occasional villages, looking like clumps of mushrooms, sandwiched between, and beyond all, the high mountain ranges. Japan seemed far away and tiny in contrast.

After this strenuous program, continued for more than three weeks, with almost no interval for rest, I started on to Manchuria where, for nearly a month more I was in the hands of the Manchurian Branch of the W.C.T.U. My schedule included meetings in Dairen, Port Arthur, Mukden, Hsingking (the capital), Harbin, and Antung, besides several smaller towns.

In Manchuria the most of my meetings were for mothers and were held in Primary and High School buildings. In Mukden a series of three lectures with admission fee was attended by over 250 mothers, while in Mukden over 400 mothers came to my lecture

in the Y.M.C.A. auditorium. Evening meetings for mixed audiences, often held in city halls, were difficult enough, though conferences with teachers whose attitude of suspicion, antagonism or indifference had to be broken down, were even more so. Perhaps the fact that I was born in Japan and had lived there for forty-three years was a help; also the fact that I am the mother of four grown children! At any rate, people in Korea and Manchuria have learned that real sex-education means something positive and constructive in the building of character.

In both Mukden and Dairen I was glad to be able to have large meetings for young men, which, I believe, were of real practical help to these boys, so many of whom were far from home and ill-prepared to meet the problems of sex.

I shall never forget the kindness of the many Japanese friends—the welcome dinners the various groups gave me, and especially the fine hospitality of the homes where I was entertained so comfortably. Had it not been for such kindness I doubt if I could have carried through the strenuous program. Seventy lectures in fifty days, sometimes with three or four speeches in one day, is my record. The most difficult thing that I did was to broadcast in Japanese over the radio in Dairen, for it had to be done with but little time for preparation.

The missionaries whom I visited in three cities all testified to the way in which the Japanese authorities were cooperating for the promotion of the Mission schools and even of their religious work. All spoke, however, of the great increase of prostitutes and of the opening up of disreputable cafes. The menace from bandits seems to be quite as great as ever, in spite of the efforts of the Japanese soldiers to drive them out.

I did not catch a glimpse of the emperor, though I did have a half hour's personal interview with Premier Cheng. He is a man over seventy years of age, but he is interested in reform work of all kinds. I presented him with my little books and he seemed pleased to hear of my work. He expressed strong disapproval of the actions of modern Chinese young people and declared that the old way of arranging marriages was the only road to true happiness and success. I was very sorry not to be able to take your film, *The Gift of Life*, upon this lecture tour. I used it once in Seoul, when over 600 young men (Koreans) crowded the Y.M.C.A. and a lovely Korean young woman, acted as interpreter. However, in spite of my permit from the Department of Home Affairs, the city Police Department used the film so roughly during their inspection, that it was badly torn. The Japanese Police Department, especially in Korea, are very strict in their regulations about films. Also I found that I would have great difficulty with the Customs' officials in Manchuria, so I sent the movie outfit back to Japan. The film was cut in three places by the Home Department in Japan, as I had to send it there for their censorship. The cuts were made in the fourth reel, where the spermatozoa are swimming to the egg-cell and join it, where the ova are carried through the Fallopian tubes into the uterus and passed out of the vagina,

and where the tail of the sperm disappears and the head approaches the nucleus of the ovum. I am very sorry that I could not have gone to the Home Department office in person, so as to make an explanation of the nature of my work and how the film was to be used.

The fact that the authorities here considered parts of this film as obscene, and also the fact that Butterfield's pamphlet, "Marriage," has been outlawed in Japan, shows that there is need of a new attitude and a better understanding in this country of what sex education means.

I ordered 50 copies of "Marriage" and they were all destroyed by the Central P. O. Dept. in Tokyo as obscene material. An attempt was made to translate this book into Japanese, and though it was really a fine translation, the entire edition was suppressed, and I was able to get only a single copy.

I have written two new pamphlets (Japanese) during the past year—*Mothers and Daughters* and *General Principles of Sex Education with a Program for Guidance of Different Age Groups*. I use the second in connection with my lectures for parents and teachers.

Nothing definite has been attempted yet toward organizing a Social Hygiene Association for Japan. The Central Government, I am glad to say, has announced its new policy of abolishing the system of Licensed Prostitution eventually. Already Aomori Prefecture has given up the system and it is only a question of time until brothel keepers all over the country will be giving up their business. Many of the prostitutes will of course be retained as waiters in cafes and other eating houses of a disreputable nature, and so although the government may announce to the world that licensed prostitution is no more, the prostitutes, many of them at least, will continue to carry on in a private way. This means that there will be greater need than ever for purity and sex education.

There is a very great need all over Japan for places where the right kind of recreation can be carried on and for education in the right use of leisure.

With best wishes for a successful year in the fine work of the Association,

Sincerely yours,

Genevieve D. Olds.

READINGS AND REFERENCES IN SOCIAL HYGIENE FOR USE
BY PASTORS AND CHURCH LEADERS

Books

For General Readers

- GRAY, A. H., *Men, Women and God*. New York, Doran, 1923. 189 p. \$1.50.
New York, Association Press, 1923. 85c.
Problems of sex from a churchman's point of view.
- ROYDEN, A. MAUDE, *Sex and Common Sense*. New York, Putnam, 1922. 221 p.
\$2.50.

For Parents

- GALLOWAY, T. W., *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00.
A study course for parents on the relation of family life to the building of personal character.
- STRAIN, FRANCES BRUCE, *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00.
Shows how parents may meet unusual as well as common situations in sex instruction.
- THOM, DOUGLAS, *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50.
The influence of the parent-child relationship in the maturing period.

For Children

- DE SCHWEINITZ, KARL, *Growing Up: The Story of How We Become Alive, Are Born and Grow Up*. New York, Macmillan, 1928, 111 p. \$1.75.
- TORELLE, ELLEN, *Plant and Animal Children—How They Grow*. Boston, Heath, 1912. 230 p. 96c.

For Young People (High-school age and up)

- DENNIS, LEMO T., *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10.
A text for the high school age, readable, interesting for adults and adolescents.
- DICKERSON, R. E.,
Growing Into Manhood. New York, Association Press, 1933. 100 p. \$1.00.
So Youth May Know. New York, Association Press, 1930. 255 p. \$2.00.
(Paper ed. \$1.25).
- GALLOWAY, T. W., *The Sex Factor in Human Life*. New York, American Social Hygiene Association, 1921. 142 p. \$1.25.
A manual for study groups of young men.

For Engaged and Married Couples*

- ELLIS, HAVELOCK, *Little Essays of Love and Virtue*. New York, Doran, 1922. 187 p. \$1.50.
An interpretation of the meaning and place of sex in life.
- EXNER, M. J., *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50.
- GALLOWAY, T. W., *Love and Marriage*. New York, Funk and Wagnalls, 1924. 78 p. 30c. (National Health Series.)
- NEUMANN, HENRY, *Modern Youth and Marriage*. New York, D. Appleton & Co., 1928. 146 p. \$1.25.
- POPENOE, PAUL, *Modern Marriage*. New York, Macmillan, 1925. 259 p. \$2.00.
- SANGER, MARGARET, *Happiness in Marriage*. New York, Blue Ribbon Books, 1926. 215 p. \$1.00.

* A mimeographed list of books under this classification, with particular reference to marriage adjustments is available upon request.

For Teachers, Pastors, Physicians, Nurses, Social Workers and Students of Social Hygiene

Sex Education

- BIGELOW, M. A., *Adolescence: Educational and Hygienic Problems*. New York, Funk and Wagnalls, 1924. 60 p. 30c. (National Health Series.)
Sex Education. New York, Macmillan, 1916. 251 p. \$1.60.
 BROOKS, FOWLER D., *Psychology of Adolescence*. New York, Houghton Mifflin Co., 1930. 652 p. \$3.00.
 HOLLINGWORTH, L. A., *Psychology of the Adolescent*. New York, Appleton, 1928. 227 p. \$2.50.

Public Health and Medical

- SNOW, WILLIAM F., *Veneral Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk and Wagnalls, 1924. 59 p. 30c. (National Health Series.)

Legal and Protective Measures

- ADDAMS, JANE, *A New Conscience and an Ancient Evil*. New York, Macmillan, 1912. 219 p. \$1.50.
 Prostitution in modern civilized society.
 FLEXNER, ABRAHAM, *Prostitution in Europe*. New York, The Century Company, 1920. 455 p. \$2.00.
 Useful to students of the problem in the United States.
 GLUECK AND GLUECK, *Five Hundred Delinquent Women*. Alfred A. Knopf, New York, 1934. 549 p. \$5.00.
 HEALEY AND BRONNER, *Delinquents and Criminals, Their Making and Unmaking: Studies in two American cities*. New York, Macmillan, 1926. 317 p. \$3.50.
 VAN WATERS, MIRIAM, *Youth in Conflict*. New York, New Republic Publishing Co., 1925. 293 p. \$1.00.

Family Relations

- ADLER, FELIX, *Marriage and Divorce*. New York, Appleton, 1915. 91 p. \$1.25.
 Proposes restrictions on divorce and high ideals for marital relationships.
 GOODSSELL, WILLYSTINE, *A History of the Family as a Social and Educational Institution*. New York, Macmillan, 1915. 588 p. \$3.00.
 GROVES, SKINNER AND SWENSON, *The Family and Its Relationships*. Lippincott, Chicago, 1932. 321 p. \$1.60.
 POPENOE, PAUL, *The Conservation of the Family*. Baltimore, Williams and Wilkins, 1926. 266 p. \$3.00.
 SPENCER, A. G., *The Family and Its Members*. Philadelphia, Lippincott, 1923. 322 p. \$2.50.
 The relationship of each member of the monogamous family as it changes to meet new social demands.

Pamphlets

For Parents	Ten cents each unless otherwise indicated	Pub. No.
BROWN, HELEN W., <i>Sex Education in the Home</i>		844
GAVIT, JOHN PALMER, <i>Some Inf'mation for Mother</i>		532
GARDINER, RUTH K., <i>Your Daughter's Mother</i>		319
SNOW, WILLIAM F., Special Series (5 cents each),		
<i>Health for Man and Boy</i>		839
<i>Women and Their Health</i>		840
<i>Marriage and Parenthood</i>		841
For Boys and Girls		
AMERICAN SOCIAL HYGIENE ASSOCIATION,		
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<i>The Medical Charlatan</i> , 5c.....	791
<i>The Case Against Prostitution</i> , 5c.....	790
CLARKE, WALTER, <i>Notes for a Popular Talk for the General Public on Syphilis and Gonococcal Infections</i> , 5c.....	899
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NEUMANN, HENRY, <i>Marriage and Morals</i>	

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AMERICAN SOCIAL HYGIENE ASSOCIATION, <i>Suggestions for Organizing a Community Social Hygiene Program</i>	889
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WINSLOW, C.-E. A., <i>The Social Hygiene Program—Today and Tomorrow</i>	832

For further references ask for:

<i>A Classified List of Social Hygiene Pamphlets</i> , A.S.H.A. Pub. No. 917, <i>Free</i>	
<i>Books on Social Hygiene</i> . A.S.H.A. Pub. No. 903. <i>Free</i>	
<i>Bibliography on Education in Family Life, Marriage, Parenthood, and Young People's Relationships</i> . International Council of Religious Education and Federal Council of Churches. 10 cents per copy.	
<i>Social Hygiene Motion Pictures</i> . A.S.H.A. Pub. No. 766. <i>Free</i>	

ANNOUNCEMENTS

This Month.—This *Church Number* of the JOURNAL represents the fulfillment of a hope and a wish of long standing. We trust that our readers will find the contents as useful as we shall at the national office. Few days pass without our receiving queries on one or more of the topics discussed by the several clergymen and church leaders who have so generously cooperated by preparing the various articles. It will be a boon to have ready at hand for reply to these requests such authoritative and comprehensive data as the present. A good number of advance requests for this number of the JOURNAL have already been received, and we have made what ought to be adequate provision to take care of future orders, but we shall appreciate hearing from those who wish additional copies as promptly as possible. *Single copies 35 cents, \$3.00 per dozen, \$17.50 per hundred.* We shall have reprints of the articles by Mrs. Spencer, Bishop Ward, and Father Cooper. *Single copies ten cents each, 80 cents per dozen, \$5.00 per hundred.* Reprints will also be available of the programs suggested in *Social Hygiene and the Church School*, and *A Joint Conference in Los Angeles*. *Single copies 5 cents, 50 cents per dozen, \$2.50 per hundred.* The bibliography *Readings and References in Social Hygiene for Use by Pastors and Church Leaders* may be secured in reprint form without charge.

Next Month.—The June JOURNAL is shaping up well and we prophesy that Librarians will find this third annual *Library Number* more than ever helpful. Among the contents: *The Social Hygiene Bookshelf for 1935*; recommended lists for the large, small or medium-sized library collection; *Behind the Social Hygiene Bookshelf*, a review of social hygiene-library cooperation, and description of facilities, by Jean B. Pinney; *Reviews of important social hygiene books published within the year, classified for ready reference*; bibliographies on special aspects of social hygiene, including *Readings and References on Medical and Public Health Activities*, on *Legal and Protective Measures*, on *Sex Education*, on *Marriage and Parenthood*. Price as usual, 35 cents per copy. We suggest that your neighborhood Librarian would like to know about our Library Membership Service

—which provides, for \$3.00 yearly membership dues, the JOURNAL, the *Social Hygiene News*, package library service, and new pamphlets and folders as issued.

New Publications.—To meet the growing need for brief, simply worded statements for use in social hygiene public education, the Association has issued three inexpensive leaflets: the titles are *Syphilis*, *Gonorrhea*, and *For Expectant Mothers*. The text of these leaflets has been tested and revised through successive educational campaigns in New York City and elsewhere, and is now used regularly by the City Department of Health in its informational efforts. A special circumstance enables us to offer them for a limited time at the low price of \$1.00 per 100, or \$5.00 per thousand, plus postage.

Reduced Prices.—We have a small stock of the popular folders *The Truth About Syphilis and Gonorrhea*, and *The Medical Charlatan*, which we can offer at the greatly reduced price of \$1.00 per hundred, \$5.00 per thousand. These will disappear quickly, so please put in your request promptly if you are interested.

New Lantern Slides.—We take pleasure in announcing that last year's A.M.A. exhibit *The Treatment of Syphilis*, prepared by the Association and since widely distributed in miniature form, has been transferred to lantern slides. *The set of 25 slides, with title, \$10.00.* . . . *Gonorrhea in the Male*, the popular medical exhibit from charts by Dr. Edward L. Keyes, is also available in slide form. *Set of 13 slides, with title, \$8.00.* Text of the *Syphilis* slides in chart form, 30 cents; of the *Gonorrhea* slides, 10 cents.

For Parents, Teachers and Community Leaders.—The *Parents Number* of the JOURNAL continues to have wide use. A copy would make a useful gift to your local high-school principal, your pastor, or your neighbor-clubwoman. *Suggestions for Organizing a Community Social Hygiene Program*; *Some Things a Community Should Know About Itself*; *Sex Instruction in Public Schools*; *Sex Education and the Parents' Point of View*, are some of the contents of which we have reprints for 10 cents each. *The whole number, 35 cents.*

Membership in the Association, with its privileges of receipt of the JOURNAL, the *News*, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

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BEHIND THE SOCIAL HYGIENE BOOKSHELF

A REVIEW OF SOCIAL HYGIENE-LIBRARY COOPERATION

JEAN B. PINNEY

*Associate Director in Charge of Public Information and Extension,
American Social Hygiene Association*

In last year's *Library Number* of the JOURNAL we voiced the conviction that social hygiene, to the alert librarian, is no academic question, but a live issue.* The events of the past twelve months have strengthened this belief still further, and we set about preparation of *The Social Hygiene Bookshelf*, and the other material for this third annual *Library Number* with a sense that a welcome will be waiting from many librarians who have become old friends, and a high anticipation that through its pages we shall make many new and delightful acquaintances.

We feel certain too that our preoccupation with library matters has helped to bring to readers of the JOURNAL and friends of the Association generally an expanded view of the library as a resourceful ally in community education. At any rate, we have noted many times in conversation and correspondence that new vistas seem to open up for com-

* *Notes on a Year of Cooperation with the Libraries.* Pearl Adair Winchester, JOURNAL OF SOCIAL HYGIENE, June, 1934.

munity workers when we ask "Have you asked your public library what it can do to help?" Or when we have suggested that a sufficient number of requests for a needed social hygiene publication would assist the librarian to determine its value to the shelves. "Don't leave out your library!" has been a cardinal principle in our advice on community education and organization for so long that we are always surprised when some one else seems to find it a fresh idea, though gratified that the suggestion is invariably eagerly seized upon.

We believe also that we have made progress during the last year in finding out how we can best be of service to libraries, and in telling them what social hygiene facilities are available and how these may be secured and used. During the coming months we hope to go still further in this direction. Meanwhile, we are setting down here a running account of things accomplished and things hoped for in social hygiene-library cooperation, and invite your comment and criticism. And we mean this. At the risk of overburdening the Government's mail-bags, we urge every librarian who reads these pages to write us a frank opinion on our efforts to be of assistance to libraries. In the current slang, "How are we doing?" And what else and what next would you like to see done?

Ways of Making Social Hygiene Known to the Libraries

Our story naturally starts here. And here is where we at once ask your advice. As a librarian, what other channels of communication do you suggest?

We Belong to the A.L.A.

For some years now we have carried a contributing membership in the American Library Association, and consider it one of our valuable affiliations. A pleasant fruit of this cooperation has been the friends made and the connections formed at the annual library meetings, where, for several years, as a part of the exhibit presented by the National Health Library, a staff member of our Association has demonstrated social hygiene literature. In Chicago in 1933 such an exhibit drew great interest, and the success was repeated in Montreal in 1934. The 1935 meeting at Denver is unfortunately

not in the path of any of the staff who will be in the field at that time, but we shall try to make arrangements to have any requests that may be received for social hygiene materials forwarded to the national office. May we ask our readers to help by referring to us any inquiries that come their way? We shall hope to be among those present at the 1936 meeting.

The Library Magazines

The *A.L.A. Bulletin*, the *Booklist*, the *Library Journal*, the *Wilson Bulletin*, and other library publications continue to be most helpful both to us and the libraries which we mutually seek to serve. All of these periodicals have repeatedly printed notices concerning available social hygiene materials and facilities, such as announcements of the present and former *Library Numbers* of the JOURNAL, information concerning our *Library Membership Service*, exhibits, and notices of books and other material for free distribution. The *Educational Index* has listed most of our pamphlets, and regularly includes our new publications as they are issued. The National Health Library's *Health Books for Public Libraries* contains a selected list of social hygiene publications.

State Library Agencies

Early in 1935 we made an organized effort to reach local libraries through State Libraries and Public Library Commissions. A letter describing available materials and facilities was sent to each of these agencies, and their names placed on our mailing list to receive the *Social Hygiene News* each month. Many of this group are already using these materials, and a number of interesting and appreciative replies have been received from new agencies in response to our communications. We look forward to continued and increased cooperation in this direction.

Through Other Agencies

The parent-teacher associations, leagues of women voters, women's clubs and other state and community educational and health agencies provide another means of communication with libraries which is constantly utilized. As we said at the beginning of this article, the library is always included in program recommendations for such groups, and suggestions made as to ways of working with librarians to mutual advantage. Our wide correspondence with interested persons who may not be connected with any special groups also furnishes opportunity for mentioning the value of the public library,

and wherever feasible we recommend to such inquirers that they consult their local librarian for references in addition to those we give.

Direct Contact with Librarians

Long cooperation with libraries naturally has built up a wide acquaintance. Some of these friends date back twenty years, when a group of librarians helped us select the first books included in the recommended list that now bears the title *Books on Social Hygiene* (Pub. No. 917). Each year we try, by personal visits and correspondence, to strengthen this pleasant association. Our staff members make a point of including a call at the public library in their visits to various communities, and we plan at least once each year to address the whole group of libraries by mail. Several special editions of the *Social Hygiene News* have been prepared for librarians. This year during the past month we sent to the entire United States group of over 10,000 libraries a special letter enclosing an advance copy of *The Social Hygiene Bookshelf* which appears on pages 305-7 of this issue of the JOURNAL, and mentioning the advantages to be obtained through our *Library Membership Service*, which is described on page 272. The several hundred libraries which enroll for this service annually, either directly or through their regular magazine subscription agencies constitute a group of special worth both to the social hygiene movement and the communities in which they are located.

For Sale, Rental, Loan or Gift

With the opening up of one channel of communication after another between social hygiene and the libraries, new materials must necessarily be constantly developed to flow into these channels and meet the demand created. Here again we would like frank comment from librarians as to the satisfactoriness of the books, pamphlets and other educational helps now available, and suggestions for new or improved ways of filling special needs. What in the way of new social hygiene materials would be most useful to your community from your standpoint as a librarian? We mention briefly for your reference in the following paragraphs facilities and materials recommended by or available through this Association.

Periodicals—The Journal of Social Hygiene and Social Hygiene News

A generous reader wrote us the other day that of all the various magazines which she receives as a board member of numerous

agencies, she gets the most real help and information from the JOURNAL OF SOCIAL HYGIENE. While we can hardly hope that this view is universal, such comments lead the editors to believe that we are on the right track in our efforts to make the magazine, as the official periodical of the American Social Hygiene Association, of interest and value not only to professional people, but to all who have the health and welfare of the family and community at heart. Aside from its service as a reflector of the current social hygiene scene, the plan of publishing each year several special numbers which will be of lasting reference value seems to please, if the letters of approval and the numerous requests for additional copies may be considered an index of opinion. The present and past *Library Numbers* are examples. The annual review numbers of national, state and community social hygiene activities are other popular features of the yearly publishing program, and such special issues as the recent *Church Number* (May, 1935) and the *Parents' Number* (May, 1934) are in constant demand. The JOURNAL averages 60 pages an issue, and is published monthly except for July, August and September. The annual index is bound with the December number. The present edition is about 3,000 copies.

The *Social Hygiene News*, a six-page leaflet, issued around the 15th of each month, goes to over 10,000 Association members, state and local agencies, both official and voluntary, including libraries, as previously mentioned, and briefs notable social hygiene events, lists staff itineraries, new publications and other items of current interest.

Both the JOURNAL and the *News* are available through membership in the Association, and in addition a limited free mailing list is maintained for the *News*, for which libraries are eligible if they do not find it feasible to enroll for the wider privileges of the *Library Membership Service*.

Books—for Loan, Purchase or Gift

In its twenty years' history, the Association, with the libraries cooperating, has repeatedly surveyed the social hygiene content of existing book collections, helping to winnow the wheat from the chaff and to replace unreliable or antiquated works with those which are sound and up to date. The interested reader is referred to the general bibliography on page 309 for an account of the methods and results of some of these studies. As a guide in making selections of established and new publications, librarians are referred to the recurring editions of the folder *Books on Social Hygiene* (Pub. No.

917. Free.) and the "nucleus" lists given in *The Social Hygiene Bookshelf*.

The Association's collection of some thousands of social hygiene books is available for loan and reference, in case libraries do not find it feasible to purchase needed titles. A popular feature of the loan service during the past few years has been the *Package Library*, of which a dozen or more sets are kept in constant use, the circulation being limited only by our funds for provision of the necessary literature. Among recent borrowers have been Library Extension Services, C.C.C. Camps, State Boards of Health, colleges, high schools, a vocational school, churches, Y.W.C.A. groups, and a detention hospital. The packages are loaned for a period of weeks or months, as the request may be, and there is no charge except for transportation.

Several times the Association has been fortunate in securing a substantial number of books which may be distributed without charge. During the past year, we were able to make available in this way three titles: *Sex and Social Health*, by Thomas W. Galloway; *An Experimental Study of Psychopathic Delinquent Women*, by Dr. Edith R. Spaulding, and *Women Police* by Chloe Owings. All of these are standard reference works, and announcements in the library magazines and the *Social Hygiene News* promptly brought requests. Our entire supply of the second and third books, 157 and 106 copies respectively, were taken in a few weeks, and 190 copies of *Sex and Social Health* were sent out. It is our hope that we may have additional book supplies this fall for free distribution in this manner.

Pamphlets Supplement the Books

A librarian friend of ours who had taken a new job in the library of a big city hospital came into the office the other day with outstretched hands. "Pamphlets, give me pamphlets," she demanded. "There isn't a one on those shelves, and I don't know how to get along without them." She lost no time in making application on behalf of her library for the *Library Membership Service*, we helped her select the pamphlets, charts and folders to which the *Service* entitled her, including special material for nurses, and she left with her brief-case heavy and her heart light.

Some librarians tell us that they have come to regard their pamphlet collections as among their most useful material. Brief, readable and inexpensive, easily replaced when lost or tattered, pamphlets are likely to be popular with both public and librarians.

Their contents are apt to be more nearly up to date, too, on account of the comparatively small expense of revision in successive editions. Many of our pamphlets and reprints have found a place on library shelves, and librarians seem to like especially the selected set of thirty or more which we present to new *Library Members*. Members are invited to select from our *Classified List of Social Hygiene Pamphlets* (Pub. No. 903, free) any other titles which they wish to have, and the *Membership Service* includes the provision of new pamphlets as they are issued. Some of the pamphlets which have been used most widely by public libraries are: *Sex Education in the Home*; *The Established Points in Social Hygiene Education*; *Your Daughter's Mother*; *Choosing a Home Partner*, and *Education for Marriage*. Technical and special libraries are interested in our materials for nurses, social workers and other professional groups.

Program and Lecture Outlines, Radio Talks and Publicity Helps

To meet special needs, a number of such helps have been prepared. Among programs are *Four Social Hygiene Programs for Women's Clubs* (Pub. No. 833), *The Clubwoman Prepares a Social Hygiene Program* (Pub. No. 911), *Social Hygiene and the Church School* (Pub. No. 948), and *Suggestions for Organizing a Community Social Hygiene Program* including *Some Things a Community Should Know About Itself* (Pub. No. 889). Illustrative of available lecture outlines are *Notes for a Talk to the General Public on Syphilis and Gonococcal Infections* and the popular four-lecture outline *Love, Courtship and Marriage*. A number of radio talks given by the staff are available for loan, including a series of four on family relations, several on medical aspects, especially the prevention of congenital syphilis, and other special topics.

Several condensed collections of news and publicity data may be secured on request. Of these the series, *Behind the Front Lines*, prepared in cooperation with the annual Welfare Mobilizations, are in demand for general use. A popular news release is called *Building a Better State*. Photostatic copies of several collections of newspaper clippings are of assistance to librarians in communities whose newspapers are reluctant to give space to frank discussion of social hygiene subjects.

Films, Exhibits and Graphic Educational Aids

Our motion pictures, especially the biological four-reel film, *The Gift of Life*, have frequently been shown by libraries having motion picture facilities. This film and six others, described in the folder,

Social Hygiene Motion Pictures (Pub. No. 766), are available in both 35 and 16 mm. gauge, and may be either purchased or rented.

Among exhibits, libraries have seemed to find most readily useful our three-panel folding screen, with a display of pamphlets and charts attached. These screens may be purchased or secured on loan. Our chart and poster exhibits, *Social Hygiene in Industry* and *Social Hygiene and Family Case Work*, the latter available in miniature as well as large size, have also proved popular. A number of separate charts, showing trends in social hygiene and other important facts have had a wide distribution. The Association also has, of course, a wide variety of technical exhibits, charts, films and pamphlets for professional groups and teaching purposes.

The Library Membership Service

The advantages and privileges of this Service have been referred to so frequently in this article that they probably need no elaboration, but perhaps it should be said that any library is eligible to receive the service; that application may be made directly to the Association or through the usual magazine subscription agency; that membership privileges include receipt of the JOURNAL OF SOCIAL HYGIENE, the *Social Hygiene News*, a selected set of pamphlets and any other pamphlets or reprints requested when membership application is received, new pamphlets as issued, and staff advisory service. The dues are \$3.00 yearly, with 50 cents additional for foreign postage.

Bibliographies, Folders and Leaflets

The Association is constantly preparing new materials of this sort which are available for the most part without charge. The bibliographies published in this issue of the JOURNAL are illustrative, and the regular reading and reference lists are supplemented by numerous folders, leaflets and slips which may be secured on request and are of considerable assistance in becoming acquainted with what is available.

Among those which are most widely used are: *For Your Home Library* (Pub. No. 843), an eight-page folder listing popular books and pamphlets selected especially for parents, and non-professional readers; *Social Hygiene and the Nurse* (Pub. No. 945), a four-page bibliography; *Readings and References in Social Hygiene for Use by Pastors and Church Leaders* (Pub. No. 950), and of course *The Social Hygiene Bookshelf* (Pub. No. 952). All of these bibliographies are available without charge.

Special Social Hygiene Problems Among the Libraries

No review of social hygiene-library cooperation would be complete without mention of some of the difficulties encountered in safeguarding social hygiene materials and information and yet making them easily accessible. For a careful analysis and further discussion of the "closed shelf" problem the reader is referred to *Library Numbers* of the JOURNAL, June, 1933, and June, 1934. The past year has revealed no new aspects, so far as we know, nor has any fresh solution been found. Some librarians still consider it necessary to keep social hygiene books and pamphlets under lock and key in order to prevent theft and undesirable exploitation by irresponsible persons or sensation-seekers. Other libraries report no such difficulties whatever, with all material on open shelves. A librarian in a small country village told us recently that the JOURNAL OF SOCIAL HYGIENE, kept on the reading tables with other standard and educational magazines, is used constantly for reference and general reading and that such books as Moore's *Keeping in Condition*, Hood's *For Girls and the Mothers of Girls*, and other social hygiene volumes are in active circulation from the open shelves. No books have ever disappeared, nor does she believe anything but good results have occurred from this system. "After all," she said sensibly, "the books are here to be read and I try to see that young people, especially, have every chance to get the sound information that they need to prepare them for life."

The library is one place where young people naturally turn for such help and preparation, and we believe that this will be increasingly the case in years to come. We were interested to note in the newspaper accounts of the unique Youth Week Trial of Society project sponsored recently by the Council of Social Agencies of the Oranges and Maplewood, New Jersey, that the young people of these towns charged in court, among other things, that their communities had not provided adequate sex education or instruction on choosing a mate, and that a local librarian was among the witnesses for the defense. She testified as to the number and variety of books, pamphlets and other materials which were available on sex education and preparation for marriage, but apparently the jury was not convinced, as their verdict on the charge of insufficient marriage instruction was "guilty," with a disagreement on the charge of inadequate sex education. We believe that libraries, however good their intentions and their efforts in the past in regard to such questions, will have to be prepared to meet still greater demands from young people in the

future, if they are to maintain their prestige as sources of knowledge and from the requests which reach us daily from libraries for special literature on education for marriage and family life, we feel sure that most librarians agree with us. The popularity of such pamphlets as Paul Popenoe's *Betrothal* (Pub. No. 902), and the new *Premarital Conference*, which, though in print only a few months, have already had a wide distribution, and the steady demand for Dr. Snow's *Special Series, Health for Man and Boy, Women and Their Health*, and *Marriage and Parenthood* are an index of the trend of public thinking which should be a guide to the wise librarian in selecting new publications.

In Conclusion

Any brief account of such a comprehensive subject must of necessity omit much of color and detail. We trust, however, that the imagination and interest of our readers may complete the picture from this rough sketch, and that, as we suggested in the beginning, we may receive the benefit of their comment, opinion, and cooperation, as heretofore. Our library objectives for the coming year are:

To make sure that every library in the country knows where and what social hygiene publications and materials are obtainable.

To help as many libraries as possible to expand their collections of these materials.

To double the number of libraries receiving *Library Membership Service*.

To cooperate with libraries in developing needed new social hygiene publications.

In all of these projects we need your assistance. May we count on our librarian readers to help by calling attention of libraries not now cooperating with us to the advantages of such cooperation? And may we call upon our other readers to make sure that their librarian has whatever social hygiene assistance is needed? Many members and subscribers pass on their JOURNALS and other publications to their local libraries when they have finished with them. Club groups have often provided needed social hygiene books where library funds could not compass the expense.

And, please let us hear from you often. We'll be right here, *Behind the Social Hygiene Bookshelf*.

BOOK REVIEWS *

BOOKS OF GENERAL INTEREST

THE AMERICAN YEAR BOOK. A record of events and progress for 1934. Edited by Albert Bushnell Hart and William M. Schuyler. American Year Book Corporation, New York. 1,003 pp. \$7.50.

SOCIAL WORK YEAR BOOK 1935. Edited by Fred S. Hall. Third Issue. Russell Sage Foundation, New York. 698 pp. \$4.00.

Here are two useful reference books, both containing articles in the social hygiene field. *The American Year Book under Social Hygiene*, by Mary S. Edwards, tells, chiefly from the national standpoint, the leading activities of the year under the auspices of the Federal government and national voluntary organizations. The most recent official figures on venereal diseases are included. The general purpose of the American Year Book is to offer to its readers a compendium of the social, political and economic experience of the American people in the year 1934. Sections are included on *Historical, American Government, Governmental Functions, Economics and Business, Social Conditions and Aims, Science—Principles and Application, and the Humanities*.

The Social Work Year Book, a "description of organized activities in social work and in related fields," is "not a manual of what ought to be; it is a record of what is." As such it is a valuable summary of health and welfare events with their interpretation by recognized authorities in the various divisions. It contains topical articles on a great variety of subjects of interest, and an annotated directory of national and state agencies, both public and private. Two articles, *Venereal Diseases* by Thomas Parran, Jr., and *Social Hygiene* by Ray H. Everett, describe objectives and accomplishments in this field. Reading lists are attached to each article. Many other aspects of social hygiene are touched upon, to mention only a few, *Blindness Prevention, Child and Youth Protection, Family Counsel, Health Education, Policewomen and White House Conference*.

E. B. R.

EMPIRE SOCIAL HYGIENE YEAR-BOOK. First Annual Edition. Prepared by the British Social Hygiene Council, Inc., 1934. London. George Allen and Unwin. 509 pp. 15s. net.

Believing that a comprehensive reference book on social hygiene matters within the Empire was needed, the British Social Hygiene Council celebrated the approach of its twenty-first birthday by compiling such a work, with the promise of successive annual editions. The *Year-book* will replace the *Proceedings* of the Imperial Social Hygiene Congresses, which have hitherto appeared biennially, and includes some of the addresses, bibliographies and other data which have been published in the former volume. It is planned in each edition of the *Year-book* to report on a special survey of social hygiene

* See page 304.

progress in one Dominion or group of Colonies, Canada, the senior Dominion, being the subject of the 1934 special study, with articles on *Venereal Disease Control in Canada*, by Dr. Gordon Bates, a statement regarding the Canadian Social Hygiene Council, and detailed reports from each of the Canadian Provinces. The main section of the *Year-book* is given over to a geographically arranged series of statistical reports on the various divisions of the Empire, the information being separated by provinces or other sub-divisions outside of Great Britain, where the counties and important localities are each given space. The statistics include the names of the Medical Officer of Health and the Director of Education, the population, general death rate, infant mortality rate, death rate from tuberculosis, number of clinics and special data regarding venereal disease treatment centers, information regarding probation officers, occupational centers, care of mental defectives, and the teaching of biology in the schools, with the relation of the Council to the various projects.

Sir Basil Blackett, the Council's president, writes a foreword, and a preface by the Rt. Hon. L. S. Amery, M.P., commends the *Year-book* to all who are interested in the health and welfare of the fellow-citizens in the British Empire. The Council is to be congratulated on the successful completion of a difficult and worth-while task in making this compilation available.

JEAN B. PINNEY

DYNAMICS OF POPULATION: SOCIAL AND BIOLOGICAL SIGNIFICANCE OF CHANGING BIRTH RATES IN THE UNITED STATES. By Frank Lorimer and Frederick Osborn. New York, 1934. Macmillan Company. Pp. XIII+461. \$4.00.

This book will interest readers of this JOURNAL because it is concerned with the consequences of current reproductive trends among the American people. The decline in the birthrate has reduced the effective fertility for the country to zero. If this condition were distributed uniformly, the population would soon reach an equilibrium both as to quantity and quality. There are, however, great differences in effective fertility in broad geographic areas and in the several economic and social classes. The authors are thus led to the question: What kind of a nation are we likely to be in the next generation? Will those who take our places be more or less healthy, intelligent or adjusted than we are? This is the central thread running through the entire volume.

Following the methods outlined by the reviewer and his colleague, Dr. Lotka, the authors have with great labor computed the effective fertility rates of various major groups of the population. They have found that those living in the rural areas still have high fertility. They will continue to increase in numbers for sometime, producing in this way a considerable surplus of population. It is feared that living on low economic levels, they will increase rural poverty and still further depress the economic and social life of the next generation unless, of course, a definite program is set afoot to divert the surplus population to other places where higher economic standards prevail.

The authors have likewise found that those with higher intellectual capacity fall far below the requirements to reproduce themselves,

while those of lower capacity, as indicated by their occupations or their incomes, have a fertility more than sufficient for replacement. Laborers and other unskilled workers, for example, who are likely to provide the least endowment of heredity and environment to their children, will supply the next generation with a larger proportion of children than they themselves constitute. The authors suggest that a continuation of such trends will lower the character and capacity of the next generation.

In coming to this important conclusion, the authors have not allowed any preconceived bias for or against certain racial, geographical or economic groups to determine their thinking. It should be pointed out, however, that much of the evidence they have relied upon is of doubtful value. The authors themselves are not unaware of the difficulty of properly interpreting the literature on mental testing on which their conclusions are largely based. Do mental tests really measure innate intellectual capacity? On the answer to this question will depend a good deal of the significance of the conclusions reached by these authors. The reviewer is far from convinced that the results of mental testing even under the best controlled conditions measure definitively innate intellectual capacity of the tested and he is even less satisfied that these results reflect what may be transmitted genetically to offspring. So much depends upon the circumstances surrounding intelligence tests that a conclusion so vital would seem to call for procedures less equivocal.

Nevertheless, the authors have made out a good case for their main thesis. There is much need for a thoughtful consideration of the forces that are now shaping the character of the future population of our country. Many new lines of fruitful research have been opened up. The work before us suggests that a concerted effort be made to learn the true mental condition of certain depressed groups of our population; their adaptation to their environment; their adjustment to occupation and to the reproductive requirements of the nation. All of this information will be needed to determine population policy. The authors show an extraordinary appreciation of the variety of factors involved in determining population results. And what is more important still, they understand how vital the improvement of economic and social conditions is as a prerequisite to any constructive population policy. The whole population picture of the next generation may be changed as we learn how to come to grips and control determining social and economic forces.

LOUIS I. DUBLIN

EDUCATION ON THE AIR. Fifth Year-book of the Institute for Education by Radio. Edited by Josephine J. MacLatchy. 366 pp. \$3.00.

MEASUREMENT IN RADIO. By F. H. Lumley. 318 pp.

Both volumes published by Bureau of Educational Research, Ohio State University, Columbus. 1934.

Students of health education methods will do well to keep in mind these annual and occasional publications brought out by the Bureau regarding radio. As in any new field of invention, new angles

develop in the fascinating science—or art, if you will—of communication by air, much too rapidly and too intricately to permit the layman to keep abreast without the aid of expert interpretation. In these books men and women experienced in radio educational matters give us a broad view of current thought and opinion, with practical suggestions adaptable by the educator who aspires to instruct and expound via the ether waves. In the *Year-book* volume, social hygiene workers will be particularly interested in the points of view brought out in a round-table discussion led by H. V. Kaltenborn, of the Columbia Broadcasting system, on the subject, *Cooperation of Commercial Stations and Educational Organizations*, and the group of papers under the heading, *Studies of the Cooperative Group*. The leading article under *National Aspects*, by Levering Tyson, Director of the National Advisory Council on Radio Education, under the title, *Where Is American Radio Heading?*, is also food for thought. *Measurement in Radio* deals with the specific questions of ascertaining audience reaction, with illustrative tests. A bibliography of over 500 publications is a useful appendix.

JEAN B. PINNEY

CIVILIZED LIFE. The Principles and Applications of Social Psychology. By Knight Dunlap. Baltimore. Williams and Wilkins Company. 1934. 375 pp. \$4.00.

As Professor of Experimental Psychology in the Johns Hopkins University, Professor Dunlap has had a long view of his subject. The present volume is a revision and an enlargement of his *Social Psychology*, published in 1925. Many corrections, elisions and additions have been made in the general text, the initial chapter has been completely rewritten, and three new chapters, on *Desire*, on *Race and Civilization*, and on *The Child*, have been added. The greater part of the original work, however, has been retained, and the book, according to the author's statement in the preface, now contains as full a range of materials as he feels justified in including in a general treatise. Persons interested in social hygiene will find much to hold their attention throughout the book, but will probably be most engrossed in *Chapter V*, on *Marriage and the Family*, and *Chapter IX*, on *Social Progress and Eugenics*. *Sections 8 to 12 of Chapter X*, on *Morals and Conduct, Social Control of Conduct, Standards and Codes and Laws and Conventions* will also be of special interest, and *Chapter IV* on *Sex Differences* contains a sane discussion on *Problems of Sex Education*.

JEAN B. PINNEY

THE EUGENIC PREDICAMENT. By S. J. Holmes. New York: Harcourt, Brace, 1933. 232 p. \$2.00.

Professor Holmes, of the University of California, author of "The Trend of the Race" and other important books dealing with eugenics, has reviewed the facts up to date and finds the human race such a mixture of good and bad heredity that a challenging situation exists.

The problem, in brief, is to decrease the bad heredity and increase that which is positively good.

In this volume, Dr. Holmes centers attention on the difficult and debatable field of eugenics applied to mental characteristics. Most competent experts on population trends seem to recognize that the more intelligent are being outbred by those on a lower mental level. Such a differential birthrate is dysgenic and becomes a "eugenic predicament." Most alarming of all facts is that in this country of free opportunity individuals of high native ability from every social and economic level of society tend to rise towards the top and join the superior groups which do not perpetuate themselves. Thus, the population is "being drained of its best hereditary stock."

In seven attractive and challenging chapters, Dr. Holmes presents, for general readers, some biological foundations, the legions of the ill-born who are certainly not wanted, the heredity of superior mental ability, the birth supply, nature's death penalty (natural selection) for her ill-favored offspring, the critics of eugenics, and "what can we do about it?" An appendix of forty-five pages is filled with supporting facts and references. This limited review cannot dip into most of the chapters, but the last chapter is a fair and conservative summary of ways and means which look towards race betterment. But we cannot hope for much change unless we have widespread eugenic education directed towards encouraging good heredity and checking that which is undoubtedly bad. In the opinion of the reviewer, here is an opportunity for the eugenic societies to cooperate with those concerned with adult education and increase vastly the popular interest in social biology.

M. A. BIGELOW.

WE ARE THE BUILDERS OF A NEW WORLD. By Harry H. Moore. New York: Association Press, 1935. 165 pp. \$1.50.

This "summons to Youth" comprises a series of chapters from the writings of James Truslow Adams, Raymond B. Fosdick, William T. Foster, Sir Philip Gibbs, Walter Lippman, Walter Rauschenbusch, supplemented by the author. The book is intended for young men and women, especially those in our colleges and high schools, who wish to gain a clearer understanding of the present social and economic crisis.

Quite apart from whether one may agree with the analysis and evaluation of present situations which this selection of writings suggests, the book is worth reading by these young people and their elders. The Youth of America face a confused and changing world in which they must make their way, found their own families, and carry on. This unusual and stimulating discussion of current problems arising out of the world's attempts to apply new knowledge in science and sociology should prove helpful.

WILLIAM F. SNOW

THE SINISTER SHEPHERD. A Translation of Giralamo Fracastoro's *Syphilidis sive de Morbo Gallico Libri Tres*. By William Van Wyck. Los Angeles. Primavera Press. 85 pp. \$4.50.

Over one hundred separate editions of this famous poem on the origin of syphilis in six different languages have appeared since its first publication in Latin by the celebrated press of Stefano da Nicolini da Sabbio of Verona, in 1530. None of them, it is safe to say, has been prepared with more care and attention to detail than the present volume. Beautifully printed and bound and illustrated with appropriate historic prints, it is an item for the book collector as well as the medical profession. Mr. Van Wyck's attainments as a scholar assure the brilliance and beauty of the text, and his careful annotations and introductory paragraphs, with the longer introduction translated from the French of Dr. Albert Garrigues, add a human note to the formal and polished style of the poem itself. Similarly, the *Appendix*, which includes a brief article called *The Origin of the French Disease* (Ulrich von Hutten, *De guaia medicina et morbo gallico*, Jo Schoeffer, Mainz, 1519), and notes on the eleven illustrations, is of special value and interest to the student of the history of syphilis.

Girolamo Fracastoro, born at Verona in 1483, and renowned as a physician for half a century, was even more celebrated as a poet. The *Syphilidis* is pronounced by Latinists to be the finest of his poems, its hexameter verses being favorably compared with those of Virgil, and Sir William Osler is said to have regarded it as the greatest of all medical poems. Aside from its literary value, the fact that in it the name *syphilis* occurs for the first time in medical literature makes it of note. It would be interesting to know by what process of reasoning or imagination Fracastoro came to select a shepherd as the scape-goat for his narrative, or why he christened him *Syphilis* (Mr. Van Wyck states in a footnote that the word may be derived from the Greek *sus-philos*, meaning "hog-love"). Whatever the reason or the fancy, the sixteenth century poet-physician has the honor of having christened this dangerous disease by a name which has served well for over four hundred years, and somehow hints its sinister character.

On the scientific side, it is interesting to note that Fracastoro believed that human maladies including syphilis were due to "minute bodies" which transmitted infection, though he did not suspect that these were alive. Another feature of his theories concerning syphilis—though this is purposely ignored in the present translation, since Mr. Van Wyck strives to show the value of the poet as a writer of *belles lettres* rather than as a scientist—was his firm belief, which has received added support by recent research, that syphilis was not introduced into Europe from the West by Columbus' returning sailors, but that it had existed in Europe long ages before the discovery of America.

JEAN B. PINNEY

HEREDITY AND DISEASE. By Otto L. Mohr. Norton, 1934. 253 pp., ill. \$2.75.

The author is professor of medicine at the University of Oslo, and an authority on genetics and pathology. Two years ago he delivered a series of lectures at the Harvard Medical School, and wrote this book on the basis of his lecture notes. Although intended for general readers, it will appeal most to those who have had some general biology or have read an introductory book on heredity. The first chapters will not be easy for beginners for they are a mixture of greatly simplified descriptions and many unnecessary technical words and phrases.

Chapters I, II and III (125 pages) present the general facts and principles of heredity. Chapter IV (76 pages) considers some special problems of human genetics. Chapter V (23 pages) discusses the bearings of genetics on human affairs in a way interesting to students of social biology. There are 45 excellent text figures and 16 half-tone plates with 62 figures.

The book is recommended to readers who are interested in human heredity, to workers in the social sciences, and especially to the average physician who probably does not have time to look into genetics beyond the limits of this book.

M. A. BIGELOW

BOOKS ON SEX EDUCATION AND FAMILY RELATIONS

NEW PATTERNS IN SEX TEACHING.* The Normal Sex Interests of Children and Their Guidance from Infancy to Adolescence. By Frances B. Strain. New York: Appleton Century Co., 1934. 242 p. \$2.00.

For years parents have asked for a book that would tell them just how to answer child questions about sex, what to say and when to say it, and that would help them to meet embarrassing situations raised by children. Magazine articles, pamphlets, the question-boxes conducted by specialists have never quite covered the ground, and heretofore most books in the field have not been specific or inclusive enough for parents struggling with every day problems. Such parents, many of whom have neglected or sidestepped the matter of sex education until these problems arise, seek first aid rather than theory, practical suggestions rather than a list of principles.

Here is a book that goes far to meet these parental needs, for included in it are one hundred typical questions asked by children up to adolescence and the answers to them, as well as half a hundred typical problem situations. The questions cover such parent perplexities as life origins, inter-uterine growth, birth, feeding, fertilization, mating, street vocabulary, pubertal development and sexual functions. The answers grew out of the author's long experience in

* Awarded the 1935 *Parents Magazine Medal* as being the most helpful book for parents published during the year.

guiding parents, and are given in language appropriate to the child's age yet "pointing in the right direction so that they do not need reconstruction when further information is added." The problems are wide in range, among them emotional conflicts of children, undressing each other, vulgar speech, sex play, premature sex experience, neighborhood objectors, the older sex delinquent, the sissy and the tom-boy. The technics for meeting these problems are given already and are possible of application. In fact, the author not only gives a right method but in many cases explodes a wrong one. And answers and technics are graded to the age of the children concerned.

While Mrs. Strain is mindful of parent difficulties in meeting situations, she proves they can be met and fills her book with examples of how they have been met. Moreover, she makes parents feel that most of these difficulties aren't major operations, even though some of them may hurt a bit. Thus she demonstrates sex education as an every-day possible and not too formidable part of child training. Yet she puts the responsibility squarely on the parent.

Chapter headings indicate that after a brief statement about the development of the sex factor, the contents progress with the growing child: *The love impulse, Make the right start, Learning social standards, Playground problems, First questions of young children, The rough and tumble age, Preparation for maturity.*

In style the book is interesting, dynamic, understanding of both children and parents, and has a welcome sprinkling of humor. In form it is an attractive product of printing and binding. Its value for individual readers and for study groups is enhanced by the inclusion of a list of questions with page references, an excellent summary of *Rules of the Game*, a glossary with simple definitions for children, an annotated bibliography, and a ten-page manual for study group leaders.

My chief criticism of the text is that it disregards the rôle of the school in sex education and the cooperation between home and school in this matter. There are hosts of parents who can't or won't or ought not to undertake this training of children, and children suffer thereby. On the other hand, there is plenty of school experience to show that much may be done to supplement the efforts of parents and to make up for parental lacks. The bibliography is a bit formidable for the average parent who will use the text, and it is to be regretted that no pamphlets are included. There are several of the latter that will supplement this book well, and many parents have to rely on pamphlets where books are not available.

New Patterns in Sex Teaching is a much-needed addition to the field of early sex education and an excellent contribution to it. Few conscientious parents can read it and afterward evade the issues it treats. I predict it will be a well-thumbed volume in the young parents' library.

NEWELL W. EDSON

THE ETHICS OF SEXUAL ACTS. By Rene Guyon. Alfred A. Knopf, Inc. 383 pp. \$4.00.

To appreciate what merit there is in this book, we need not share the enthusiasm of the Dr. Norman Haire of London who contributes

an introduction and footnotes. Every fair-minded student would no doubt agree that in most people the urgings of sex are imperious, that the gratifying of them (whether or not in reproduction) is keenly pleasurable, that sex-repressions often lead to neuroses, that sex conventions are not absolute and universal but change with place and time, that the ethically conservative may often visit with cruelty acts which instead deserve charity, that people who break the sex code may in other respects be more genuinely moral than those who observe the code. Many persons need to have these opinions emphasized, especially those who accept the prevailing code as utterly final and who without having done any serious and informed thinking, refuse to permit the code to be questioned in any detail whatever. There is everything to gain from studying as objectively as possible so potent a force in human living as the theme of this book.

M. Guyon, however, is much less objective and scientific than he imagines. Because he is pleading a case, he has oversimplified the problem. Except for such obvious wrongs as rape or seduction, he wants all sexual acts (even those usually called abnormal or perverted) to be regarded as natural and therefore removed from moral judgment. He thinks psychiatrists much too timid in attempting to reconcile sex urgings with social convention and pleads with them to refuse such bowing down. "Harmony with nature" is the one principle he will accept. But it apparently never occurs to him that civilized living has now become more natural for civilized beings than the primitive living which is what he really must mean. Like others today he plays up the beauties of the simple life among aboriginal people who have none of our sex taboos. But why go to Tahiti or New Guinea to observe the morals of the primitive? The undeveloped may be observed in Paris or New York, too. Why envy their freedom? Are the more advantaged to turn their backs upon that entire context of amenities, principles, ideals, to which the primitive have not yet risen, either in sex or for that matter, in table-manners or even more important concerns? He tells us that Asiatics, Africans, and Polynesians are happier than Westerners and "superior in having ideals more practical, more easy to attain." This sounds very much like saying, "It is more practical for a grown-up to play marbles than to master the physics and the metaphysics of motion." That "a wife at the moment of copulation is no purer than a prostitute" (p. 207) may be true of some. To offer this as a scientific generalization however is somewhat naïve. So is this sweeping condemnation of sublimation: "Chastity as a substitute for normal functioning of sex organs is at bottom the same as to bandage our eyes or block our ears." We had supposed there was something more to affirmative sublimation than that.

Even such rebels as Bertrand Russell declare that the best of relationships is to be found in permanent marriage based on respect and love. M. Guyon, however, treats love in utterly mechanical and abstract fashion. "It is only sex desire concentrated on a single person" (p. 353). This scarcely betrays any profound understanding. A dogmatic "only" is no language for one who calls himself scientific. He is eloquent on the shortcomings of marriage—*e.g.*,

monotony, but he is even more eloquently silent on the reasons why marriage is still honored by people who are neither as foolish nor as chill-blooded or "Puritanical" as he supposes.

M. Guyon is much too intent on making out a case of his own. He quite forgets that a specialist is at the same time a human being with a basic philosophy of life more or less consciously entertained. On this head Carl Jung in his *Modern Man in Search of a Soul* reminds us that the sex advice which a physician offers his patients depends in the last analysis upon the total personality, outlook, philosophy or religion, of the physician himself. The bias of M. Guyon is indicated in such attitudes as these. He takes for granted that all the opposition to views like his may be summed up in the character of the missionary in *Rain*. He tells us (p. xi) that Ben Lindsey's books "have revolutionized America," that America was converted to Christianity "by physical force between the fifteenth and the eighteenth centuries" (p. xiv), that American life is gloomy in contrast with the continental gaiety which has "produced a Stendhal and a Casanova" (p. 241); and his admiration for the latter as a model of manhood leads him to this charming observation on American athletics: "Casanova, master of love, would have had no time to lose on football; and record-breaking would have had but few attractions for him. On the other hand such substitutes are essential to those societies which have declared war on sex. They have found them in the amazing development of sport, which empties the mind while fatiguing the muscles, which passes the time and arouses a certain superficial enthusiasm" (p. 242). All of which aside from being news about America, tells how little aware M. Guyon seems to be of the extent to which his scientific objectivity has been colored by his own special bias.

In short what he has done is to restate, with no new light, the case for an utterly naturalistic view of the sex functions. Nobody can dispute their naturalness, their pleasure-giving, their power. All this is merely one introduction to the basic problem: how turn these energies into the directions which make for the *best* good of all concerned? This is a task which today is made the more difficult for some people precisely because books like this seem to give a scientific sanction to behaviors which fall much farther short of the best than otherwise.

HENRY NEUMANN

AN INTRODUCTION TO SEX EDUCATION. By Winifred V. Richmond. Farrar and Rinehart, 1934. Pp. xiv+312. \$2.50.

The title of this book is quite misleading because in fact only 9 of its more than 300 pages are concerned with "sex education." It is really an introduction to sex. In semi-popular form, it reviews present knowledge of biological facts concerning reproduction in general, the biology of human reproduction, sex in anthropology and history, psychology of sex, sex and society, and special problems such as prostitution, homosexuality, birth control, venereal diseases, etc. The publisher announces it as a "courageous" study of sex,

but there is nothing in it which requires courage in these times. It is simply a very interesting and readable review of many of the well known facts of sex. The book is based on lectures which, for a number of years, the author has given to nurses at the Training School of Saint Elizabeths Hospital.

M. A. BIGELOW

THE ADOLESCENT IN THE FAMILY. Report of the Sub-committee on the Function of Home Activities in the Education of the Child. White House Conference on Child Health and Protection. New York. Appleton-Century Company, 1934. 470 pp. \$3.50.

The 1931 White House Conference continues to add to its influence to a degree seldom achieved by such enterprises, and this is largely due to the fact that its findings have been preserved and are being presented in readable and attractive form. The present volume reports on what has been called the most ambitious study yet attempted to determine the relations between conditions in the home and the personality and conduct of children. Whether or not it is possible to answer definitely such questions as: What is a typical American home? Are the social changes now taking place in America advancing or retarding the personality development of the child?, and other searching queries, the effort here made brings into clear light the contributing factors in success or failure of relationships between homes and the children who dwell in them. The reader may draw his own conclusions from testimony furnished by boys and girls themselves, to the number of 13,000, as set down in their answers to two questionnaires, and by the several hundred public school teachers who filled out schedules giving additional data on each child.

A few of the chapter headings give an idea of the ground covered: *Rural and Village Children; The Negro Child; Broken Homes; Health Regulations; Family Recreation, and Delinquent Children.* Social hygiene readers will naturally be especially interested in the chapter on *Sex Education*, in which the evidence tends to show that few of these boys and girls of junior high school age considered that their parents had provided sufficient information. It is consoling to reflect that even in the brief five-year period which has since elapsed, parents seem to have grown wiser in this respect. Prof. E. W. Burgess, of the University of Chicago, who served as chairman, and the sub-committee who assisted him, have made a valuable contribution to this series of reports.

JEAN B. PINNEY

THE MODERN FAMILY. By Garry C. Myers. Greenberg, 1934. 288 pp. \$2.50.

In this book, Professor Myers, of the Department of Parent Education of Western Reserve University, has "attempted to make a psychological analysis, in language that anybody can understand, of a few human relationships within the average family of parents and children; of these relationships as modified by factors outside this

group; and to suggest a few practical means of rendering family life more satisfying." All this has been well done. It is a very helpful and stimulating book in language which can be read by parents whose education was far short of college graduation, and at the same time, it is interesting to readers who have considerable acquaintance with books in the family field. The book is full of practical suggestions for meeting and solving common situations in the family, including relations of children to their parents and to each other, to grandfathers, uncles, guests and others. Several chapters deal with developing self-reliance, emotional independence, responsibility in family life, security in family relationships, and learning to deal with the community through playmates. The book closes with chapters on *Family Tensions*, *Family Satisfaction*, *Education for Marriage and Parenthood*.

Throughout the book there is a tone of idealism and the practical application of simple psychology to everyday problems. Certainly, the reader does not get from this book the impression that the family is going out of fashion. On the other hand, it is made perfectly clear that most of the difficulties may be avoided or solved by application of common-sense principles, often called "psychology." The book is a decided contribution to the literature which may be used as guide-books in family life.

M. A. BIGELOW

THINKING ABOUT MARRIAGE. By Roy A. Burkhardt. Association Press, 1934. Cloth \$1.75, paper \$1.00.

"Only a guide" for group discussions of many problems of courtship and marriage. It does not aim to answer questions, but it guides serious thinking into and along channels which are generally approved by the leaders in education for marriage. The author is sound in his opinion that young people should arrive at their own convictions by facing facts together under competent guidance.

The present time seems propitious for discussion groups, and it is to be hoped that numerous leaders will organize groups and experiment along the lines suggested by this book. A minor defect of the book is that here and there through the pages one finds references to some books and articles of doubtful importance quoted or recommended for reading.

M. A. BIGELOW

A COLLEGE TEXTBOOK OF HYGIENE. Revised Edition. By Dean Franklin Smiley and Adrian Gordon Gould. New York. The Macmillan Company. 1934. 383 p. \$2.00.

COMMUNITY HYGIENE. Revised Edition. By same authors. New York. The Macmillan Company. 1934. 369 p. \$2.00.

As indicated, both of these books are revisions of earlier editions which have been tested by use. So far as their social hygiene content is concerned, little has been added to or taken from the original text. Section X, *The Genital System*, Chapters 28-31, pp. 317-348 of the *College Textbook* as heretofore, gives a clear description of the genital

organs and their functioning, including reproduction, with numerous helpful illustrations, and in Chapter 30 on *The Venereal Diseases*, and Chapter 31, *The Sex Instinct and Its Hygiene*, additional useful information is given on the medical side and in regard to marriage and family relations. This chapter would make a valuable separate reprint for distribution among groups not having access to the bound volume.

In the second book, *Community Hygiene*, Chapter 14, pp. 190-206, of Section III deals with *Community Problems of Sex Hygiene*, and covers in part the public health aspects of syphilis and gonorrhea and the rôle of commercialized prostitution as a contributing cause in the spread of these diseases. While the fundamental historical facts in this chapter are accurate, the addition of available late figures would have made the data more valuable to the student.

This is also true of social hygiene material in the *College Textbook*, although this lack is remedied in both volumes to some extent by the addition of new bibliography references. A brief reference to the possibility of reduction of infant mortality by prenatal treatment of syphilis occurs in Section IV, Chapter 17 of *Community Hygiene*, under the heading, *The Community's Interest in Maternity, Infancy and Childhood*.

E. B. R.

BEATITUDES FOR THE FAMILY. By L. Foster Wood. Roger Williams Press, 1935. Board \$1.00, paper \$.50.

An attractive collection of ninety short beatitudes by the chairman of the Committee on Home and Family of the Federal Council of Churches, who believes that "homes should have fine traditions and an atmosphere favorable to the development of the inner life of its members." I recommend it as a gift book for your friends, especially those who appreciate fine sentiment and an aesthetic home atmosphere. Each beatitude begins in the classic style "happy is the family," etc.

M. A. BIGELOW

PERSONALITY AND THE FAMILY. By Hornell Hart. Boston: D. C. Heath & Company. 381 pp. \$2.80.

READINGS IN THE FAMILY. By Ernest R. Groves and Lee M. Brooks. Philadelphia: Lippincott, 1934. XXV, 526 p. \$3.50.

These are important books on the family, which it is planned to review in a later number of the JOURNAL.

SELECTED REFERENCES ON MARRIAGE AND THE FAMILY

GROUP I

Recommended for General Reading Rooms of Colleges and Public Libraries

Books

- ADLER, FELIX, *Marriage and Divorce*. Appleton, 1926. 91 p. \$1.25
- DENNIS, LEMO T., *Living Together in the Family*. (high school text-book) American Home Economics Association, 1934. 187 p. \$1.10
- ELLIS, HAVELOCK, *Little Essays of Love and Virtue*. (especially the chapters, *Objects of Marriage, and Husbands and Wives*), Geo. H. Doran, 1921. 187 p. \$1.50
- ELMER, M. C., *Family Adjustment and Social Change*. Long and Smith, 1932. 400 p. \$3.50
- FISKE, G. W., *The Changing Family*. Red Label Reprints. Harper. 324 p. \$2.50
- FOLSOM, J. K., *The Family*. (college text-book) Wiley, 1934. 604 p. \$4.00
- GALLOWAY, T. W., *Love and Marriage*. Funk and Wagnalls, 1924. 78 p. 30¢
- GOODSELL, WILLYSTINE, *Problems of the Family*. Century, 1928. 474 p. \$3.50
- GOODSELL, W., *History of Marriage and the Family*. Revised edition. Macmillan, 1934. 588 p. \$3.00
- GROVES, E. R.,
Marriage. (college text-book) Holt, 1933. 552 p. \$2.80
The American Family. Lippincott, 1934. 500 p. \$3.00
- GROVES, E. R. AND BROOKS, L. M., *Readings in the Family*. (source book) Lippincott, 1934. 526 p. \$3.50
- GROVES, E. R. AND OGBURN, W. F., *American Marriage and Family Relationships*. Holt, 1928. 497 p. \$4.50
- GROVES, E. R., SKINNER, E. L., AND SWENSON, S. J., *The Family and Its Relationships*. (high school text-book) Lippincott, 1932. 321 p. \$1.60
- HART, HORNEILL, *The Science of Social Relations* (Chapter XVIII, *Relations between Men and Women*) Holt, 1927. 664 p. \$4.50
- HART, H. AND ELLA B., *Personality and the Family*. Heath, 1935. 381 p. \$2.80
- HUNTER, L. P., *The Girl To-day, the Woman To-morrow*. (high school text-book) Allyn & Bacon, 1932. 364 p. \$1.20
- JORDAN, W. G., *Little Problems of Married Life*. (a semi-serious discussion of everyday problems) Revell, 1910. 256 p. \$1.25
- MALINOWSKI, B., *Marriage*. Encyclopedia Britannica, Vol. XIV, p. 940-950
- MYERS, GARRY C., *The Modern Family*. Greenberg, 1934. 288 p. \$2.50
- NEUMANN, HENRY, *Modern Youth and Marriage*. Appleton, 1928. 148 p. \$1.50
- NEWSOM, G. E., *The New Morality*. Scribners, 1933. 319 p. \$1.75
- NIMKOFF, M. F., *The Family*. (college text-book) Houghton, Mifflin, 1934. 526 p. \$3.00
- OGBURN, W. F., *Recent Social Trends* (Chapter XIII, *The Family and Its Functions*). McGraw-Hill, 1933. 1568 p. \$6.00

- POPENOE, PAUL,
The Conservation of the Family. Williams and Wilkins, 1926. 266 p. \$3.00
Modern Marriage. Macmillan, 1925. 259 p. \$2.00
- POPENOE, P. AND JOHNSON, R. H., *Applied Eugenics.* Macmillan, revised 1934.
 429 p. \$2.60
- RICH, MARGARET E., Editor, *Family Life To-day.* Houghton, Mifflin, 1928.
 244 p. \$2.50
- SCHMIEDELER, E., *An Introductory Study of the Family.* (college text-book),
 Century Catholic Series, 1934. 384 p. \$2.50
- SPAULDING, C. A., Editor, *Twenty-four Views on Marriage.* Macmillan, 1930.
 452 p. \$2.50
- SPENCER, ANNA G., *The Family and Its Members.* Lippincott, 1923. 322 p.
 \$2.50
- THURSTON, FLORA M., *Bibliography on Family Relationships.* National Council
 Parent Education, 1932. 273 p. \$2.00
- WESTERMARCK, E. A., *Short History of Marriage.* Macmillan, 1926. 327 p. \$3.50
- WHITE HOUSE CONFERENCE, *Education for Home and Family Life.* Century,
 1932. 128 p. \$1.00

Pamphlets

Unless otherwise indicated, ten cents each. Free to Association members.

	Pub. No.
AMERICAN SOCIAL HYGIENE ASSOCIATION,	
<i>A Formula for Sex Education</i>	778
<i>High Points of the Conference on Education for Marriage and Parenthood</i>	900
BIGELOW, MAURICE A., <i>Established Points in Social Hygiene Education</i> ..	820
DICKERSON, ROY E., <i>Youth Blazes a New Trail</i>	883
EDSON, NEWELL W., <i>Choosing a Home Partner</i>	845
EXNER, MAX J.,	
<i>Education for Marriage</i>	692
<i>The Question of Petting</i>	853
GARDINER, RUTH K., <i>Your Daughter's Mother</i>	319
INTERNATIONAL COUNCIL OF RELIGIOUS EDUCATION. <i>The Church's Oppor- tunity in Family and Parent Education, Bibliography on Education in Family Life, Marriage, Parenthood and Young People's Relationships</i>	
NEUMANN, HENRY, <i>Marriage and Morals: A Reply to Bertrand Russell</i> ..	920
PARKER, VALERIA H., <i>The Influence of Sex in Family Life</i> , 15 cents	
POPENOE, PAUL,	
<i>Social Life for High School Boys and Girls</i>	886
<i>Betrothal</i>	902
SNOW, WILLIAM F., Special Series:	
<i>Health for Man and Boy</i> } 5¢ each.....	839
<i>Women and Their Health</i> }	840
<i>Marriage and Parenthood</i> }	841

GROUP II

Selected References to Articles and Pamphlets for General Readers
 (In preparation)

GROUP III

Special Books and Pamphlets on Marriage Adjustments

The Association receives many letters requesting information concerning books which deal with problems of physical and mental adjustments in marriage. Regarding such books the Committee has not found any consensus of opinion among responsible family counsellors.

The following brief list of books includes those which are usually recommended by leaders of social hygiene and family counselling in this country. All are more or less criticised by many experts in the social hygiene field. Criticisms are directed chiefly at the detailed information which is useful for counsellors but often misleads general readers.

- BUTTERFIELD, O. M., *Marriage and Sexual Harmony*. Emerson Books, New York, 1934. 40 p., 50 cents.
- EVERETT, MILLARD S., *The Hygiene of Marriage*. New York, Vanguard Press, 1932. 248 p. \$2.50
- EXNER, M. J., *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50
- GROVES AND GROVES, *Sex in Marriage*. New York, Macaulay, 1931. 250 p. \$3.00
- HUTTON, ISABEL M., *The Sex Technique in Marriage*. New York, Emerson Books, 1932. 156 p. \$3.00
- INSTITUTE OF FAMILY RELATIONS. *Premarital Conference*. Los Angeles, California. Pamphlet. 50 cents
- SANGER, MARGARET, *Happiness in Marriage*. New York, Blue Ribbon Books, 1926. 215 p. \$1.00
- WALKER KENNETH M., *Preparation for Marriage*. London, Jonathan Cape, 1932. 101 p. \$2.00
- WRIGHT, HELENA, *The Sex Factor in Marriage*. New York, Vanguard Press. 100 p. \$2.00

These reference lists are tentative. Suggestions or questions regarding publications which have been included or omitted will be welcomed. Any of the publications may be secured through the American Social Hygiene Association at the publishers' prices. *Pamphlets are ten cents each unless otherwise indicated. Free to Association members. A 10% discount is allowed to members on books listed.*

SEX EDUCATION IN CHILDHOOD AND EARLY ADOLESCENCE
IN HOME AND SCHOOL

Publications with (*) are recommended by many parents for reading to or by children—those by De Schweinitz and Torelle for childhood and the others for early adolescence.

Books

- *CADY, BERTHA C., AND V. M., *The Way Life Begins*. American Social Hygiene Association, 1917. 78 pp. \$1.50
- CHAPMAN, ROSE WOOD-ALLEN, *How Shall I Tell My Child?* Revell, 1912. 35¢
- *DE SCHWEINTZ, KARL, *Growing Up*. Macmillan, 1928. 111 pp. \$1.75
- *DICKERSON, R. E., *Growing into Manhood*. Association Press, 1933. 100 pp. \$1.00
- FISHER, DOROTHY CANFIELD AND GRUENBERG, SIDONIE M., *Our Children: a handbook for parents*. Viking Press, 1932. 348 pp. \$2.75
- GALLOWAY, T. W., *The Father and His Boy*. Association Press, 1921. 99 pp. \$1.00
- Human Nature-studies for the Early Grades*. Pub. No. 613
- Parenthood and the Character Training of Children*. Methodist Book Concern, 1927. 224 pp. \$1.00

- GROVES, E. R., AND GLADYS H., *Sex in Childhood*. Macauley, 1933. 247 pp. \$3.00
- GRUENBERG, B. C., *Parents and Sex Education*. Viking Press, revised 1932. 112 pp. \$1.00
- *HOOD, MARY G., *For Girls and the Mothers of Girls*. Bobbs-Merrill, 1914. 151 pp. \$1.75
- STRAIN, FRANCES B., *New Patterns in Sex Teaching*. Appleton-Century Co., 1934. \$2.00
- THOM, D. A., *Everyday Problems of the Everyday Child*. Appleton-Century Co., 1927. 349 pp. \$2.50
- *TORELLE, ELLEN, *Plant and Animal Children: How They Grow*. Heath, 1912. 230 pp. 96¢
- WHITE, W. A., *The Mental Hygiene of Childhood*. Little, Brown Co., 1919. 193 pp. \$1.75

Pamphlets

(10 cents each unless otherwise indicated)

- AMERICAN SOCIAL HYGIENE ASSOCIATION,
A Formula for Sex Education. Pub. No. 778. 5¢
- **Health for Girls*. Pub. No. 831
- BEATTY, W. W., *Sex Instruction in Public Schools*. Pub. No. 887
- BIGELOW, M. A., *Established Points in Social Hygiene Education*. Pub. No. 820
- BROWN, HELEN W., *Sex Education in the Home*. Pub. No. 844
- *EDSON, N. W., *From Boy to Man*. Pub. No. 626
- FUNK, MARGARET F., *Sex Education in Bronxville*. Mimeographed.
- GARDINER, RUTH K., *Your Daughter's Mother*. Pub. No. 319
- PARKER, VALERIA H., *Social Hygiene and the Child*. Pub. No. 542
- RICE, T., *Sex Education*. American Medical Association. 25¢
- TORREY, H. B., *Biology in the Elementary Schools*. Pub. No. 576. 25¢
- U. S. CHILDREN'S BUREAU—Four pamphlets:
Infant Care. Revised, 1929. 127 pp.
Prenatal Care. 1930. 71 pp.
The Child from One to Six: His Care and Training. 1931. 150 pp.
Guiding the Adolescent (By D. A. Thom). 1933. 93 pp.
- U. S. PUBLIC HEALTH SERVICE—Two pamphlets:
The Parent's Part
Sex Education in the Home

All government pamphlets sold by Supt. of Documents, Washington, D. C.

PUBLICATIONS CONCERNING SEX EDUCATION IN HIGH SCHOOLS

For High School Teachers:

- A Formula for Sex Education*. American Social Hygiene Association; Pub. No. 778. 5c.
- BEATTY, W. W. AND GRUENBERG AND SMITH. *Sex Instruction in Public Schools*. Pub. No. 887. 10c.
- BIGELOW, M. A.,
Adolescence: Educational and Hygienic Problems. New York, Funk and Wagnalls, 1924. 60 p. 30c.
Sex-Education. New York, Macmillan, 1916. 251 p. \$1.60
The Established Points in Social Hygiene Education. (Revised 1933.) A.S.H.A.; Pub. No. 820. 10c.
- GALLOWAY, T. W.,
Sex Character Education in Junior High Schools. A.S.H.A.; Pub. No. 614. 15c.
Social Hygiene in Health Education for Junior High Schools. A.S.H.A.; Pub. No. 615. 10c.
- GRUENBERG, B. C., *High Schools and Sex Education*. Washington, D. C., Government Printing Office, 1922. 98 p. 25c.

USILTON, L. J., AND EDSON, N. W., *Status of Sex Education in the Senior High Schools of the United States in 1927*. Washington, D. C., Government Printing Office, 15 p. 5c.

WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION, *The Adolescent in the Family*. Report of the Subcommittee on the Function of Home Activities in the Education of the Child. New York, Appleton-Century Co., 1934. 470 p. \$3.50

Social Hygiene in Schools, Report of the Subcommittee on Social Hygiene in Schools. New York, Century Company, 1932. 50c.

For High School Students:

GROVES, SKINNER AND SWENSON, *The Family and Its Relationships*. Chicago, Lippincott, 1932. 321 p. \$1.60

CADY, B. C. AND V. M., *The Way Life Begins*. New York, American Social Hygiene Association, 1917. 78 p. \$1.50

DE SCHWEINITZ, KARL, *Growing Up: The Story of How We Become Alive, are Born and Grow Up*. New York, Macmillan, 1928. 111 p. \$1.75

Health for Girls. A.S.H.A.; Pub. No. 831. 10c.

HOOD, MARY G., *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill, 1914. 151 p. \$1.75

MOORE, H. H., *Keeping in Condition*. New York, Macmillan, 1919. 137 p. \$1.20

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BOOKS ON LEGAL AND PROTECTIVE MEASURES

CRIMINOLOGY. By Albert Morris. New York. Longmans, Green & Co., 1934. 590 pp. \$3.50.

In *Criminology* Albert Morris has given to the student of social problems the best survey of our methods of dealing with the criminal and the historic development of these methods which has come to my attention. At times Mr. Morris strikes a philosophic note which resounds with truth as in the statement, "The criminal who does that which he would not do, but might like to do, violates our consciences if not his own, for we unwittingly identify ourselves with him so that we rebel violently when he does that which we would not do in like circumstances."

In the light of today the history of the development of the type of institution known as the House of Correction is of exceeding interest. "It was specifically originated," Mr. Morris writes, "to restrain the troublesome poor and the multitude of sharpers, petty thieves, gypsies, beggars and vagabonds who were then such a nuisance about the English countryside"; and again, "under the law the House of Correction remained a combination hospital, training school, and place of compulsory industry for idlers." The question naturally arises—will our modern C.C.C. camps furnish a striking parallel?

Mr. Morris has not fully grasped the determining influence which the economic factor has had in our dealings with the criminal nor the development of the American prison system as a substitute for the slave system. He has failed to realize that the exception in the Constitutional Amendment prohibiting slavery or involuntary servitude "except as a punishment for crime" has been the keynote of the development of our American prisons and that the death knell to

this slave system was struck when Congress passed the Federal Hawes-Cooper Convict Labor Law; nor again does he realize the part which prison labor will play in what Dr. Tugwell has termed "the third economy," the economy of government industries producing for the market afforded by government demands.

The readers of this magazine might well question his conclusions in regard to women offenders: "To be sure women are employed as professional prostitutes and they engage in crimes like shoplifting, but their number is relatively small and their range of activities is restricted because of lack of physical vigor, agility and strength. Moreover, their general background is usually such as to keep them sheltered, to restrict their opportunities and to make them less aggressive and venturesome than men." I fear Mr. Morris does not know the woman gangster as those familiar with women's reformatories know her.

The conclusion reached by Mr. Morris that the realm of penology is a realm of chaos is clearly sustained throughout the book. As he states: "All is bewilderment and in spite of forceful pronouncements or ostrich-like complacency the stark fact remains: We have yet no rational penal system." He outlines the remedies theoretically accepted today—indeterminate sentence, classification, specialized institutions, socialization through education, professionalization of staff, both prison and parole. There is a field beyond which he does not recognize—the guiding and directing of what can be the greatest therapeutic force—the influence of human beings upon their fellow-men.

JULIA K. JAFFRAY

COMMUNITY PROGRAMS FOR SUMMER PLAY SCHOOLS. Child Study Association of America. New York. 48 pp. 35 cents.

This pamphlet describes vacation projects in experimental education and creative recreation through the cooperation of schools and other community agencies, with conclusions and suggestions from observations and field service in various cities. The study was made by LeRoy E. Bowman for the Extension Activities Division of the Summer Play Schools Committee of the Child Study Association, and edited by Benjamin C. Gruenberg. There is a foreword by James Frederick Rogers, M.D., Consultant in Hygiene, United States Office of Education.

The pamphlet is divided into three parts: *The Need and the Opportunity, Origin and Development of the Program* and *The Program and Suggestions for Organization*. Tables show the proportion of boys and girls from twelve to eighteen years enrolled in principal school agencies.

The survey made shows that the play-school type of undertaking lends itself admirably to the utilization of the community's resources in plant equipment, personnel and financial means for a comprehensive and varied program of educational activities and experiences adapted to the actual conditions and personality and health needs of the children.

Educational and recreational departments of national religious organizations find in the play-school program ideal provisions for the summer. The participation of the Child Study Association, committees of the White House Conference on Child Health and Protection, the Progressive Education Association, and particularly the United States Office of Education in efforts to extend the play-school idea lend authoritative approval to the plan.

E. B. R.

YEAR BOOK OF THE NATIONAL PROBATION ASSOCIATION. New York. 1934. 232 pp. Cloth, \$1.50; paper, \$1.00.

The addresses given and discussions held at the 28th annual conference of the National Probation Association at the time of the National Conference of Social Work in Kansas City last year are here preserved as a record of the meetings and "a symposium of constructive opinion on the causation and treatment of delinquency and crime," to quote the title page. Students of these matters have come to regard this annual volume as a welcome addition to their reference libraries, and the present offering is no exception to the general rule of usefulness. Such writers and speakers as Sheldon Glueck, Sanford Bates, Roy E. Dickerson, and Frederic M. Thrasher, deal with topics relating to *Crime Prevention*, *Youth and the Community*, *Community Organization for the Prevention of Delinquency*, *Detention*, and the *Delinquent Child in Court and Clinic*. A summary of new legislation and legal decisions concerning probation and juvenile courts in 1934 is provided and a score of pages are devoted to a report of the Association's annual activities, by-laws, program objectives and other handy information.

JEAN B. PINNEY

READINGS AND REFERENCES OF CURRENT AND HISTORICAL VALUE ON SOCIAL HYGIENE PROTECTIVE MEASURES, PROSTITUTION AND LAW ENFORCEMENT

PROTECTIVE MEASURES, DELINQUENCY AND CRIME PREVENTION

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- BAGLEY, W. C., *Education, Crime and Social Progress*. New York, Macmillan, 1931. \$1.20
- BURT, CYRIL, *The Young Delinquent*. New York, D. Appleton Co., 1925. \$5
- COOLEY, EDWIN J., *Probation and Delinquency*. New York, Thomas Nelson and Sons, 1927. \$3
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- GAULT, ROBERT H., *Criminology*. Boston, D. C., Heath, 1932. \$3.48
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- Five Hundred Delinquent Women*. New York, Alfred A. Knopf, 1934, 549 p. \$5

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- HEALY, WILLIAM, AND OTHERS, *Reconstructing Behavior in Youth*. New York, Alfred A. Knopf, 1929. \$3.25
- HUTZEL, ELEONORE L., *The Policewoman's Handbook*. New York, Columbia University Press, 1933. \$2
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- SHAW, CLIFFORD R., *The Jack-Roller. A Delinquent Boy's Own Story*. Chicago, University of Chicago Press, 1930. \$2.50
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- Other People's Daughters, Boston, Houghton, 1926. \$2.50

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- LEAGUE OF NATIONS, World Peace Foundation, 40 Mt. Vernon Street, Boston, Massachusetts. Reports of the Sub-committee on Child Welfare. List on request.
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The Youthful Offender (1931), by Harry M. Shulman.
- PAYNE FUND STUDIES,
Motion Pictures and Youth. A Summary. W. W. Charters. The Macmillan Co., New York, 1933. \$1.50
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Summary of the Report to the Council of L. of N. on Traffic in Women and Children in the East. 25c.

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Reports of the Sub-Committee on Traffic in Women and Children. List on request.

World Peace Foundation,
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PHILADELPHIA VICE COMMISSION, *Report on existing conditions with recommendations* (1913).

BOOKS ON MEDICAL AND PUBLIC HEALTH MEASURES

MODERN CLINICAL SYPHILOLOGY. (Second Edition). By John H. Stokes. W. B. Saunders Company, Philadelphia, 1934. 1,400 pp. \$10.00.

The appearance of a new edition of a medical book which has become a standard of excellence in the English language is always a matter of importance to physicians and others interested in the field of medicine with which the book deals. The first edition of Stokes' *Modern Clinical Syphilology* was almost if not quite as well known abroad as it was in the United States. With only one or two exceptions, Stokes' book was as generally used by British medical students and practitioners as was any British book, while in the United States it had become a standard part of every self-respecting private and public medical library.

The first edition of this work was distinguished in a number of particulars among which may be mentioned its size and style. The second edition bears these same characteristics. Not since D'Arcy Powers, J. K. Murphy and their collaborators published their six volume *System of Syphilis*, with more than 2,000 pages has anyone written in English so exhaustive a book on syphilis as have Dr. Stokes and his associates. In the new edition, as the author remarks in his preface, it has been possible "to approach increasingly (though hardly to attain) an encyclopedic account of modern syphilology." The book extends through 1,400 pages of text, illustrations, tables and indices.

The reading of a work of less literary merit than this would be

a formidable undertaking, but the inimitable style of Stokes lures one on from page to page. Few writers on medical subjects have been able to dramatize their material as has Dr. Stokes. Few have sprinkled their writings with epigrams as does Dr. Stokes—epigrams that stick fast in the memory of the reader and help him to recall the author's sound principles and practical advice.

Not many fields of medicine have developed more rapidly than that of syphilis in the eight years since the first edition of *Modern Clinical Syphilology* appeared. One is not surprised to find, therefore, that to the second edition much new material has been added, dealing among other subjects with relapse and reinfection; the new light on the precipitation tests; new experience with bismuth; appraisal of the various arsphenamines, stovarsol and tryparsamide; systems of treatment of early syphilis, the treatment of cardiovascular syphilis, the prevention of clinical neurosyphilis, and of congenital (prenatal) syphilis, and a great number of other items which represent the fruit of recent research throughout the civilized world.

Dr. Stokes was assisted in the preparation of this second edition by ten physician collaborators, as follows: Vaughn C. Garner, Allen D. King, John H. Besancon, Donald M. Pillsbury, George V. Kulchar, Arthur G. Schoch, Herman Beerman, Charlotte B. Jordan, Franklin A. Ireland, Frank E. Cormia; all of whom are or have been associated with Dr. Stokes at the University of Pennsylvania School of Medicine and Hospital.

Modern Clinical Syphilology should be on the book shelf of every practitioner of medicine. It is especially recommended to all physicians who desire an up-to-date knowledge of everything that has to do with syphilis "from chancre to paresis, and from pancreas to hypophysis," and one may add from the most delicate laboratory procedure to social case work and clinic management.

WALTER CLARKE

THE SINGLE WOMAN. A medical study in sex education by Robert Latou Dickinson and Laura Beam. The Williams and Wilkins Company, Baltimore, 1934. 469 pp. \$5.00.

This book is presented by the National Committee on Maternal Health as one of its publications on certain medical aspects of human fertility. It is the second volume in a series of case studies by Dr. Dickinson and Miss Beam, the first having been published in 1931 under the title *A Thousand Marriages*, and the third, called tentatively *Sex Patterns: A Source Book*, and dealing with both single and married persons, now being in preparation. The two latter volumes are carefully correlated with the illustrations in Dr. Dickinson's *Atlas of Human Sex Anatomy*, published in 1933. All of these books will be of special interest to physicians and sociologists.

The present volume is described in the introduction as the "first medical analysis of the single woman as such" and adds that since in the population fifteen years old and over every fourth woman and every third man is single, and there are more single men than single women in all age groups up to the seventy-fifth year, the

social problem of the single is wide. The basis of the study is one thousand and seventy-eight case records and certain groups among the whole number of cases were studied for special characteristics, of health, sexuality, and ethical and occupational problems. *Part four* is given over to interpretation of the data gathered concerning these groups, a chapter contrasting a group of forty-three young women under thirty years of age in 1930 with a similar group in 1895 and a summary chapter. The text is supported by an appendix containing numerous tables of source statistics. The conclusions drawn by the authors from their study are stated as follows:

- (1) Sexual illiteracy is costly. The truism that education usually has a better time than ignorance bears repeating. The present tendency of education is toward discovery of the relation of sexuality to life and character as well as to offspring.
- (2) No evidence in this series correlates sexual maladjustment exclusively with pelvic disorders; these appear merely data of coincidence.
- (3) In terms of the pelvis, the health of the single may be just as bad as the health of the married, comparing the sick single and the sick married among 2,000 individuals.
- (4) Capacity and desire for love, for sexual life and for work continue in women far beyond the middle years when subsidence is popularly taken for granted.
- (5) As to the quality of woman's sexuality it is significant that:
 - (a) Autosexual methods were typically vulgar and repetitious.
 - (b) Homosexual interests were explained only in terms of femaleness, with no male types or behavior.
 - (c) Heterosexual experience looked for love first and apparently turned to relations limited to the physical only after disappointment in love.
 - (d) Marriage remained the great desire.
 - (e) Control of fertility never meant that sexual intercourse could be without consequences. The sexual gulf stream ran among other oceans; ebb, storm and the sense of sinning against the mores were implicit in the rise of the sexual tide.
 - (f) The data contain some indications of a moving toward the separation of sex and love.
- (6) The single tend to make out of other elements of life the pattern of marriage. This power of translation lifts the impersonal into a form with a human face which has power over the life.
- (7) Changes in the biological fertility of women are inseparable from changes in the economic fertility of men.
- (8) The social meaning of singleness, outside of fertility, is in the change of mental and spiritual values implied in development without sexual knowledge and emotional fertilization; singleness is harder or softer, differently ignorant and differently wise from marriage.
- (9) The sexual pattern, so far as is socially made is ephemeral. The specific behavior here described may be already gone from our society. Its appearance under the conditions remains significant for an indefinite period.

E. B. R.

THE CASE FOR STERILIZATION. By Leon F. Whitney. New York, Stokes. 1934. 309 pp. \$2.50.

Sterilization on a purely voluntary basis is set forth persuasively as a social measure by Mr. Whitney, formerly executive secretary of the American Eugenics Society and author of a number of popular books on breeding and on eugenics. He points out the increasing menace of the reproduction of defectives. Apart from the social and eugenic disadvantages of this type of birth-rate, he calculates that the state must place \$10,000 in the bank, figuratively speaking, for every defective who is born, in order to cover the expense of taking

care of that individual and of the results of his life activities. After discussing the indirect damage done by careless and dysgenic methods of administering charity, he suggests that every community have *two* Community Chests; one for the present types of patch-work and palliative relief, the other a eugenic Chest to which those could send their donations who wanted to see their money spent for fundamentally preventive and constructive charities. While the book is by no means free from minor errors, its scope, readability, and timeliness will undoubtedly give it wide attention and influence.

PAUL POPENOE

ESSAYS ON CHRONIC AND FAMILIAL SYPHILIS. By Griffith Evans, M.A., D.M., F.R.C.S., Hon. Surgeon, Caernarvonshire and Anglesey Infirmary. Baltimore, William Wood and Company, 1934. 99 pp., with 13 illustrations. \$3.00.

This slender volume of nine essays, most of them already published in one or another medical periodical, and including those awarded the gold medal of the Hunterian Society in 1932, will find a welcome in the libraries of syphilologists everywhere. Writing of the book in the *Journal of the American Medical Association* (October 27, 1934), Dr. John H. Stokes has the following to say in part:

"The leading topics are syphilis and nervous dyspepsia, and syphilis as a factor in chronic conditions of the abdomen, in nervous dysphagia, in anemia and glossitis with dysphagia, in finger nails and tongues, and in carcinoma. The author's familiarity with recent literature on syphilis is noteworthy and pleasing. Some of the applications have the overbalanced quality of the French fourth generation school (syphilis héréditaire larvée). The pitfalls of non-specific effect in therapeutic testing seem largely disregarded. As a summary of impressions that often press on the syphilis-alert clinician yet preserve a ghostly intangibility and a defiance of exact analysis, this little book is a thought-provoking and interesting contribution. Its defiance of the negative Wassermann reaction is timely. As the comment of a surgeon on the borderland of what is too often a sturdily ignored field when operative considerations claim the stage, it is in a happy sense unusual."

E. B. R.

MODERN MOTHERHOOD. By Claude Edwin Heaton, M.D. New York. Farrar & Rinehart, Inc. 1935. \$2.00.

Justification for reviewing Dr. Heaton's very well written text in these pages is not his careful and explicit exposition of the main topic, but his intelligent discussion of a number of related subjects. Over half of the volume is devoted to description of the care the expectant mother and her baby should receive, with such explanations and reassurances as will guide her to profitable conduct and to a serene mind. A brief mention of the venereal diseases form part of the chapter on *Complications of Pregnancy*. The standards of medical care set forth are high but by no means unreasonable. The text is obviously intended for an intelligent reader whose interest is not satisfied with knowledge of the obstetrical questions, but extends to related ones, such as the anatomy and physiology of the female reproductive system, embryology, and heredity. These are treated authoritatively from the standpoint of the most recent

scientific information. There is, perhaps, a little too much technical detail for the lay reader, particularly of such confusing processes as the endocrine hormones and their interactions which are, after all, fragments of a picture still very incomplete to medical science, but this material will prove stimulating to those with some groundwork in biology. Even the reader without such training can, by dint of a little application and the aid of the glossary of technical terms in the back of the book, gain a clear understanding of the text.

A particularly commendable feature of Dr. Heaton's book is the level-headed point of view from which he discusses such controversial questions as abortion, birth-control and eugenics. He shows no timidity about approaching these problems, gives both sides of each and avoids faddism sedulously. The rather full bibliography has the virtue of being selected to give a variety of points of view. The book, which in spite of its completeness, is not too long to be easily readable, includes also practical chapters on how to secure and finance good medical and nursing care for the parturient mother, a short history of obstetrics, and a discussion of the problem of maternal health in the United States.

RUTH BORING THOMAS

BIRTH CONTROL, ITS USE AND MISUSE. By Dorothy Dunbar Bromley. New York. Harper, 1934. 304 pp. \$2.50.

In this book Mrs. Bromley has reviewed and summarized the existing scientific data on fertility, sterility and kindred problems of family life. Dr. Haven Emerson, Director of the School of Public Health of Columbia University, in a review in the *American Journal of Public Health*, writes enthusiastically: "Nothing better on the use and misuse of modern medical knowledge of contraceptive procedures has appeared in good English from the hand of any non-medical author. Here we have accuracy and readability in a text addressed to the general public and free from cant, propaganda, or any form of intellectual dishonesty. There is obvious sincerity of purpose, a thorough understanding of the subject, a gift at simple description, and a degree of common sense and decency in every chapter."

E. B. R.

NATURE'S WAY. By Victor C. Pedersen. New York. Putnam, 1934. 81 pp. \$1.00.

CONCEPTION PERIOD OF WOMEN. By K. Ogino. Harrisburg, Pa. Medical Arts Pub. Co. 95 pp.

PERIODIC FERTILITY AND STERILITY IN WOMEN. By H. Knaus. Chicago. Medical Book Co. \$6.50.

THE MODERN METHOD OF BIRTH CONTROL. New York. Walter J. Black Co. \$3.00.

The idea of the "safe period" is at least as old as the Roman gynecologist Soranos (first half of the 2d century, A.D.). It has been more accurately defined by research during the past decade, and has had a great deal of publicity in the last few years, the four

books above mentioned being good specimens of the current literature. Much of the popular interest is due to the recognition by Roman Catholic authorities of the safe period as an ecclesiastically acceptable method of birth control; but its intrinsic importance justifies all the attention that has been given to it.

Few students now deny that ovulation is most likely to occur half-way between two menstrual periods; that is, about the 14th day after the beginning of menstruation, in a woman with a 28-day cycle. It follows that conception is most likely to occur about that time. At other times (provided no other ovulation occurs), conception is impossible. This delimits the safe period which, roughly speaking, is any time except during the week of ovulation.

But the proponents of the safe period tend to give a more precise statement of the case than the facts justify, and tend to ignore evidence unfavorable to their views. Evans and Swezy showed from the study of ovaries removed at known dates in the menstrual period, that ovulation may occur at any time in the cycle. There are also hundreds of recorded pregnancies, in which the date of conception is known, with reference to the menstrual period, and a large part of these occurred during the supposedly safe period. In addition, the menstrual cycle of every woman is different from that of every other woman, and is much more irregular than she usually supposes.

Making use of the safe period, according to the best information now available, is a deterrent to conception; it can certainly not be regarded as a sure preventive of conception, until a good deal of further research has cleared up points that are now in dispute.

PAUL POPENOE

A SIXTH VENEREAL DISEASE. By Hugh Stannus Stannus, M.D. (London). Baltimore, Md. William Wood & Company, 1933. 270 pp. \$4.25.

This is a strictly medical text devoted to lymphogranuloma inguinale, climatic bubo and other conditions which the author believes are manifestations of the same infection, namely esthiomène, chronic ulcer and elephantiasis of the genito-ano-rectal region, and inflammatory stricture of the rectum. Dr. Stannus, who has supplemented his personal experience by extensive review of the literature of these diseases, gives a bibliography of more than nine hundred names at the back of the book. Though he devotes considerable space to support of the view that esthiomène, whose etiology is still highly controversial, is caused by the same virus as climatic bubo and lymphogranuloma inguinale, his case is not proved unquestionably. All aspects of this group of diseases are discussed, and illustrated with clear, though not particularly numerous, photographic plates. Those medical men who share the interest awakening in this country in lymphogranuloma inguinale, and those whose work covers tropical fields will find Dr. Stannus' text useful; it is rather too technical for non-medical readers.

RUTH BORING THOMAS

YEAR BOOK OF DERMATOLOGY AND SYPHILOLOGY 1934. By Fred Wise, M.D., and Marion B. Sulzberger, M.D. Chicago: The Year Book Publishers, Inc., 1935. \$2.25.

This issue of the Year Book of Dermatology and Syphilology, to be reviewed more fully later, contains an interesting section on *Syphilis and Its Therapy*, in which is reviewed the recent advances in this important field of medicine.

WALTER CLARKE

General Principles to be Observed in Sex Education.—"Whatever the means employed, certain principles are now generally recognized as valid in sex education. One is that the best relevant information shall be utilized. Scientific terms rather than evasive pronouns are advocated. Untrue answers are condemned. In general, information should be given to children and to parents before the need for it arises, rather than after it is too late to help much. Frank and detailed description of matters about which there may be some curiosity is much less upsetting to youth than half statements and vague generalities. The manner in which sex problems are presented and discussed should not differ in emotional tone from the manner in which other matters of fact, social concern, or beauty are presented. The teacher or leader must be one well adjusted in his own attitudes. Most to be avoided is the individual who gets secret delight and satisfaction out of discussing misdeeds or issuing warnings. In general more attention should be given to the psychological factors of attitudes, feelings, habits, appreciations, and enjoyments, and to the sociological factors of personal relations, group standards, and institutional progress; relatively less concern should be accorded physiological elements. The many interrelations between sex and other areas of life—economic, child care, religious, recreational, vocational, racial, and so forth—should be used to keep the study from becoming an isolated aspect of the curriculum. The emphasis should be relatively little upon disease, deterioration, and disgrace; relatively much upon the positive values of comradeship, love and family life. As with all education it should be remembered that provision for opportunities for wholesome living is of more value than much speaking."

from *Character Education, Tenth Yearbook, National Education Association, 1932*

Note: For ready reference we have grouped the Book Reviews in the preceding pages under the headings to which they relate. While it is naturally impossible to include in a collection like this all the worthy books published on social hygiene, we believe that the selection here made will furnish a guide, to the inquiring reader. We shall be glad at any time to answer questions regarding publications not appearing in this issue.

THE SOCIAL HYGIENE BOOKSHELF FOR 1935

A SELECTED LIST OF SOCIAL HYGIENE BOOKS AND PAMPHLETS FOR HOME AND PUBLIC LIBRARIES

In response to constant requests for bibliographies the following lists of social hygiene books and pamphlets have been prepared. The need for selected lists is apparent in view of the fact that a very large proportion of publications in this field are unreliable and misleading, or advertised in ways calculated to exploit the public.

Many excellent publications dealing with special aspects of social hygiene or of a distinctly technical character are not included in these lists; and on the other hand some of those selected do not receive unanimous approval. The intention is merely to present a good working list. Publications on psychology, physiology, heredity and biology

are not listed because they may be found under those headings in any public or college library.

The lists here given are arranged in three suggested groups, priced at \$10, \$25 and \$50 respectively, the total in each case representing a ten per cent discount from the list price of the group, if purchased through the Association. *Transportation charges are not included. All pamphlet publications are ten cents each unless otherwise indicated.*

Other lists will appear from time to time as new publications are added. See last page for titles of special bibliographies.

A Minimum List

of Social Hygiene Books for a Small Library

For parents and teachers:

CADY, B. C. and V. M. *The Way Life Begins*. New York, A.S.H.A., 1917. 78 p. \$1.50. The beginnings of plant, animal and human life. Illustrated with colored plates.

GRUENBERG, B. C. *Parents and Sex Education*. New York, Viking Press, 1932. 100 p. \$1.00. A book of fundamental importance to all parents, with special assistance for parents of young children.

BROWN, HELEN W. *Sex Education in the Home*. Pub. 844.

GALLOWAY, T. W. *A Formula for Sex Education*. Pub. 778. 5¢.

For children:

DESCHWEINITZ, KARL. *Growing Up*, the story of how we become alive, are

born and grow up New York, Macmillan, 1928. 111 p. \$1.75. Dependable, accurate, suitable for all ages.

For early adolescence:

DICKERSON, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00. For boys twelve to fifteen.

HOOD, M. G. *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill, 1914. 151 p. \$1.75. An old favorite, still the best in its field.

EDSON, N. W. *From Boy to Man*. Pub. 626.

AMERICAN SOCIAL HYGIENE ASSOCIATION. *Health for Girls*. Pub. 831.

For young people:

ELLIOTT, G. L. and BONE, H. *The Sex Life of Youth*. New York, Association Press, 1929. \$1.00. A book for college students on the relation of sex attitudes and information to other aspects of student life.

SNOW, WILLIAM F.

Health for Man and Boy. Pub. 839.

Women and Their Health. Pub. 840.

Marriage and Parenthood. Pub. 841.

EXNER, M. J. *The Question of Petting*. Pub. 853.

On family relations:

DENNIS, LEMO T. *Living Together in the Family*. Washington, D.C., American Home Economics Association, 1934. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.

On marriage:

EXNER, M. J. *Education for Marriage*. Pub. 692.

LOS ANGELES INSTITUTE OF FAMILY RELATIONS. *Premarital Conference*. 50¢

All the books and pamphlets on this list for \$10.00.

Popular health instruction:

PINNEY, JEAN B. *Social Hygiene Education in a City of Medium Size*. Pub. 854.

On medical measures:

KEYES, EDWARD L. *Social Hygiene and the General Health Program*. Pub. 862.

SNOW, W. F. *Venereal Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk & Wagnalls, 1924. 59 p. 30¢. National Health Series).

Social Hygiene and the Prevention of Blindness. Pub. 782.

On legal and protective measures:

ADDITON, HENRIETTA. *A Protective Measures Program*. Pub. 858.

FLEXNER, ABRAHAM. *Regulation of Prostitution in Europe*. Pub. 7.

JOHNSON, BASCOM. *Prostitution in the United States*. Pub. 857.

Substitutes for Vice. Pub. 888.

Community organization:

Suggestions for Organizing a Community Social Hygiene Program: with Some Things a Community Should Know About Itself. Pub. 889.

A Larger List

of Social Hygiene Books

For a larger library the following books may be added to the preceding list:

For parents and teachers:

BROOKS, FOWLER D. *The Psychology of Adolescence*. New York, Houghton Mifflin Co., 1930. 652 p. \$3.00. A comprehensive study of normal adolescence, with many charts and graphs.

STRAIN, FRANCES BRUCE. *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00. From many concrete examples, the author shows how parents may meet unusual as well as common situations in satisfactory ways.

BEATTY, W. W. *Sex Instruction in Public Schools*. Pub. 887.

For children:

TORRELL, ELLEN. *Plant and Animal Children—How They Grow*. Boston, Heath, 1912. 230 p. 96¢. An interesting text, profusely illustrated.

For young people:

DICKERSON, R. E. *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00. Prepared for the use of young people of sixteen years and older.

EDSON, N. W. *Choosing a Home Partner*. Pub. 845.

NEUMANN, HENRY. *Modern Youth and Marriage*. New York, D. Appleton & Co., 1928. 146 p. \$1.50. For older young people and adults.

On family relations:

GROVES, SKINNER and SWENSON. *The Family and Its Relationships*. Chicago, Lippincott, 1932. 321 p. \$1.60. A study of the family of the present, prepared for adolescents, of interest to adults.

On marriage:

EXNER, MAX J. *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50. For those who are or are about to be married.

STEVENS, ANNE A. *Maternity Handbook*. New York, G. P. Putnam's Sons, 1932. 178 p. \$1.00.

Popular health instruction:

EDWARDS, MARY S. *Popular Health Education in Simplest Terms*. Pub. 872.

On medical measures:

WINSLOW, C.-E. A. *The Social Hygiene Program—Today and Tomorrow*. Pub. 832.

On legal and protective measures:

VAN WATERS, MIRIAM. *Youth in Conflict*. New York, New Republic Publishing Co., 1925. 293 p. \$1.00. Youth and the juvenile court.

Summary of the Report of the Council, Committee of Enquiry Into Traffic in Women and Children in the Far East. C.T.F.E. 606. 40 p. 25¢.

These books and pamphlets and the \$10.00 set for \$25.00.

A More Comprehensive List

of Social Hygiene Books and Pamphlets
for a Large Library

These publications may be added with advantage:

For parents and teachers:

BEATTY, W. W. *Sex Instruction in Public Schools*. Pub. 887.

BIGELOW, M. A. *Adolescence: Educational and Hygienic Problems*. New York, Funk & Wagnalls, 1924. 60 p. 30¢. (National Health Series).

Sex Education. New York, Macmillan, 1916. 251 p. \$1.60. A standard exposition of the principles of this phase of education.

GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00. A study course for parents on the relation of family life to the building of personal character.

THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.

WHITE, W. A. *The Mental Hygiene of Childhood*. Boston, Little, Brown, 1919. 193 p. \$1.75. A study of the origins of sex attitudes.

For children:

RICE, THURMAN B. *The Story of Life, for children of ten*. Chicago, American Medical Association, 1933. 25¢.

For young people:

ELLIS, HAVELOCK. *Little Essays of Love and Virtue*. New York, Doran, 1922. 187 p. \$1.50.

POPENOE, PAUL. *Modern Marriage*. New York, Blue Ribbon Books, 1925. 259 p. \$1.00. The essentials for successful marriage.

Betrothal. Pub. 902.

On family relations:

SPENCER, A. G. *The Family and Its Members*. Philadelphia, Lippincott, 1923. 322 p. \$2.50. The relationship of each member of the monogamous family as it changes to meet new social demands.

On marriage:

GROVES, ERNEST R. *Marriage*. New York, Henry Holt and Co., 1933. 552 p. \$3.50. A college text book on marriage, containing much illustrative material and interpretation for adults.

DE NORMANDIE, R. L. *The Expectant Mother*. New York, Funk and Wagnalls, 1924. 57 p. 30¢. (National Health Series.)

Medical measures:

STOKES, JOHN H. *Dermatology and Syphilology for Nurses*. W. B. Saunders Co., 1933. 311 p. \$2.50.

Legal and protective measures:

FLEXNER, ABRAHAM. *Prostitution in Europe*. New York, the Century Company, 1920. 455 p. \$2.00. Useful to students of the problem in the United States.

GLUECK and GLUECK. *Five Hundred Delinquent Women*. New York, Knopf, 1934. 549 p. \$5.00.

HUTZEL, ELEONORE. *The Policewoman's Handbook*. New York, Columbia Press, 1933. 303 p. \$2.00.

These books and pamphlets and those in previous lists for \$50.00.

Note. Substitutions from the longer list to a shorter may be made when ordering, provided the total remains the same. It is recognized that public libraries will probably wish to purchase books directly from the publishers at the regular library discount. The privilege of ten per cent discount is intended particularly for individuals or organizations not eligible to receive library discounts. Pamphlets may be secured from the Association, or through the Vertical File Service, at the prices indicated, or without charge, through the Association's Library Membership Service.

"Many consider the present to be a period of transition. This would indicate we are passing from one level of calm to another level of peacefulness. This is probably a case where the wish is father to the thought. We all hope we shall reach an upper plateau of rest, but I doubt if any such haven of peace will be our lot short of the Hereafter. Rather the future holds more change and more rapid change. We notice today that parents and children do not speak the same language, at least they do not seem to understand one another. And with the rapid changes of the future it will be even more difficult for them to meet on common ground.

The whole trend is for the attention of the public mind to be fixed on social problems. There is thus a great movement underway to get more social science in the high schools. The schools are preparing to help with this problem. What is the library planning to do? The functions of the library as a Rock of Ages, where the best literature of the past may be obtained as a repository of fiction with which to daydream, are of little service on this paramount problem. The combined efforts of schools, city clubs, churches, political organizations, and libraries are needed to meet these problems of social change. The libraries ought to be anticipating what will be needed in the way of literature to meet the problems."

FOR THE SPECIAL INTEREST OF LIBRARIANS

Journal of Social Hygiene:

Library Numbers, for June, 1933 and June, 1934. 35 cents each or the two for 50 cents

Parents Number, May, 1934. 35 cents

Church Number, May, 1935. 35 cents

Reprints from these and other numbers of the Journal: 10 cents each unless otherwise stated. Free to library members.

An Amateur's Quest for Social Hygiene Books. June, 1931. Pub. No. 750

Social Hygiene and the Libraries, Pearl A. Winchester. June, 1933. Pub. No. 837

Notes on a Year of Cooperation with the Libraries, same author. June, 1934

Suggestions for Organizing a Community Social Hygiene Program, with Some Things a Community Should Know About Itself, May, 1934. Pub. No. 889. Free

High Points of the Conference on Education for Marriage and Family Social Relations. December, 1934. Pub. No. 900

American Social Hygiene Association: Membership, Objectives and Methods. January, 1935. Pub. No. 909. Free

American Social Hygiene Association: The Twentieth Year, January 1934. Pub. No. 809. Free

Notes on Organization and Objectives of a State Social Hygiene Council. May, 1934. Pub. No. 892. Free

The Growth of Voluntary Health Agencies, William F. Snow. January, 1935. Pub. No. 908. Free

Leaflets and Folders: (free)

*Books on Social Hygiene.** Pub. No. 903

*A Classified List of Social Hygiene Pamphlets.** Pub. No. 917

Selected publications grouped by the use for which they are intended.

Social Hygiene Motion Pictures. Pub. No. 766. Titles and synopses of the Association's films for sale and rental, with suggestions for appropriate use.

Social Hygiene Exhibit Screen. Pub. No. 821.

*For Your Home Library, with Points for Parents to Remember.** Pub. No. 843.

A brief list of books and pamphlets for parents and the general public.

Bibliographies: (free)

Social Hygiene and the Nurse. Pub. No. 945

Readings and References in Social Hygiene for Use by Pastors and Church Leaders. Pub. No. 950

Social Hygiene Bookshelf for 1935. Pub. No. 952. (pp. 305-7)

Selected References on Marriage and the Family. (pp. 288-90) Pub. No. 953

Sex Education in Childhood and Early Adolescence in Home and School. (pp. 290-1) Pub. No. 954

Publications Concerning Sex Education in High Schools. (pp. 291-2) Pub. No. —

Readings and References of Current and Historical Value in Relation to Social Hygiene Protective Measures, Prostitution and Law Enforcement. (pp. 294-8) Pub. No. 955

Mental Hygiene Reading and Reference List for Social Hygiene Workers. (pp. 310-11) Pub. No. 956

* Available in quantity lots.

MENTAL HYGIENE READING AND REFERENCE LIST FOR SOCIAL HYGIENE WORKERS

Compiled by
THE NATIONAL COMMITTEE FOR MENTAL HYGIENE
50 West 50th Street, New York City

Leaflets and Pamphlets

Unless otherwise indicated, pamphlets are 15 cents each; in lots of 25 or more 7 cents each; leaflets are 5 cents each or \$3.00 per hundred.

General:

LEAFLETS:

- About "Insanity": What Some People Still Believe vs. What Science Teaches To-Day.* Single copies free, \$1.00 per 100 copies.
About "Feeble-mindedness": What Some People Still Believe vs. What Science Teaches To-Day. Single copies free, \$1.00 per 100 copies.
Mental Measurements. Eleanor Hope Johnson.
Mental Hygiene Influence on Personal Counseling. George K. Pratt. Reprinted from "Religious Education."
When Your Daughter Falls in Love. George K. Pratt.

PAMPHLETS:

- Nervousness: Its Cause and Prevention.* Austen Fox Riggs.
Understanding the Feeble-minded. Thomas H. Haines. Reprinted from 1925 Proceedings of the American Association for the Study of the Feeble-minded.
Mental Hygiene Aspects of Illegitimacy. Marion E. Kenworthy.
Revising Our Attitude Toward Sex. E. Van Norman Emery.
Sex as a Constructive Social Force. Grace Loucks Elliott.

Childhood:

LEAFLETS:

- Are We Helping or Hindering Our Children?* G. S. Stevenson.
Old and New Versions of Child Training: People Used to Think—Now We are Beginning to Realize.
Preparing the Child for Adolescence. H. A. Tiebout.

PAMPHLETS:

- Children and Their Parents.* A Mental Hygiene Study Course. Published by the National Congress of Parents and Teachers. 5¢
Dangers and Advantages of Sex Instruction for Children. Karl de Schweinitz.
Experiences of the Child; How They Affect Character and Behavior. C. Macfie Campbell.
Habit Training for Children. A booklet of nine short talks to parents prepared by the Massachusetts Division of Mental Hygiene. Dr. Douglas A. Thom, Director. Single copies 10¢; 100 copies \$3.00.
Mental Hygiene Problems of Normal Adolescence. Jessie Taft.
Success and Failure as Conditions of Mental Health. William H. Burkhart.
The Child Guidance Clinic. E. Van Norman Emery.

Education:

LEAFLETS:

- Nervous Breakdowns—A Teen Age Danger.* By George K. Pratt. Reprinted from "The Parents Magazine."

PAMPHLETS:

- Behavior Problems of School Children.*
Mental Hygiene and the College Student. First and second papers. Frank-wood E. Williams. 25¢.

Delinquency:**PAMPHLETS:**

Mental Factors in Crime. William Healy.

Mental Hygiene and Crime. Sheldon Glueck. Reprinted from the Psychoanalytic Review.

Booklets

Morale: The Mental Hygiene of Unemployment. George K. Pratt. 25c.

Your Mind and You: Mental Health. George K. Pratt. Published by the National Health Council. 30c.

Mental Hygiene. Frankwood E. Williams. Reading With a Purpose Series. Published by American Library Association, Chicago. 25c.

Books**General:**

A Mind that Found Itself: An Autobiography. Clifford W. Beers. Contains an account of the origin and growth of the mental hygiene movement. 25th Anniversary Edition. (22nd Printing.) Doubleday, Doran & Co., 1935. \$2.50

Discovering Ourselves: A View of the Human Mind and How It Works. Edward A. Strecker and Kenneth E. Appel. Macmillan. 1931. \$2.50

Human Mind. Karl A. Menninger. Garden City Pub. Co. 1933. \$1.00

Introduction to Mental Hygiene. Ernest R. Groves and Phyllis Blanchard. Holt. 1930. \$4.00. Students' edition \$3.25.

Psychiatry and Psychoanalysis:

Meaning of Psychoanalysis. Martin W. Peck. Knopf. 1931. \$2.50

Present-Day Conception of Mental Disorders. Charles Macfie Campbell. Harvard University Press. 1924. \$1.00

Psychology of Insanity. Bernard Hart. Macmillan. 1930. 4th ed. \$1.00

Social Work:

Mental Hygiene and Social Work. Porter R. Lee and Marion E. Kenworthy. Commonwealth Fund. 1929. \$1.50

The Home:

Parents and the Pre-school Child. William E. Blatz and Helen Bott. Morrow. 1929. \$3.00

Practical Psychology of Babyhood. Jessie C. Fenton. Houghton. 1924. \$3.50

Everyday Problems of the Everyday Child. Douglas A. Thom. Appleton. 1927. \$2.50

Mental Hygiene of Childhood. William A. White. Little. 1919. \$1.75

Normal Youth and Its Everyday Problems. Douglas A. Thom. Appleton. 1932. \$2.50

Problem Child at Home: A study in parent-child relationships. Mary B. Sayles. Commonwealth Fund. 1928. \$1.50

The Retarded Child: How to Help Him. Arnold Gesell. Public School Publishing Company. 1925. 60c.

The Child and the School:

Mental Hygiene and Education. Mandel Sherman. Longmans. 1934. \$2.25

Normal Mind. William H. Burnham. Appleton. 1924. \$3.50. Educ. ed. \$2.75

Problem Child in School. Mary B. Sayles. Commonwealth Fund. 1925. \$1.00

Crime and Delinquency:

Crimes and Criminals. William A. White. Farrar. 1933. \$2.50

Fifty-five "Bad" Boys. Samuel H. Hartwell. Knopf. 1931. \$2.90

Mental Conflicts and Misconduct. William Healy. Little. \$3.00

Any of these publications may be secured from The National Committee for Mental Hygiene, 50 West 50th Street, New York, N. Y., or order may be included with correspondence and requests sent to the AMERICAN SOCIAL HYGIENE ASSOCIATION at the same address.

JANE ADDAMS

Social hygiene has lost another loyal friend in the death of Jane Addams, which occurred in Chicago on May 21st. A pioneer in the national movement, a staunch and vigorous protagonist through its twenty years' history, and a far-seeing prophet for the future, she ever kept touch, and confidence, and faith in the things for which social hygiene stands. Her book, *A New Conscience and an Ancient Evil*, written in 1912, when the tragic conditions revealed by the Chicago Vice Investigation Committee were just beginning to become known, still stands as a scathing denunciation of prostitution in modern civilized society, and the program she drafted at that time for the solution of such problems is still a model of constructive thinking. No person in our time has made a more practical and permanent contribution to the welfare of family life and the development of individual character, and though seventy-four years seem all too short a life-span for such a rare soul, Miss Addams' influence does not cease with her earthly departure. Throughout the world men and women, boys and girls, bearing the Hull House imprint, will foster the traditions and hand on the torch to others in their turn, so that her work will endure eternally.

ANNOUNCEMENTS

Last Month.—Did you remember to send your pastor a copy of the *Church Number* of the JOURNAL? Your librarian would also find it useful, particularly the bibliography of *Readings and References in Social Hygiene for Use by Pastors and Church Leaders*. Reprints of the latter, free. The whole number, 35 cents.

This Month.—Even more helpful to your neighborhood librarian will be a copy of this *Library Number*. Price 35 cents. The *Library Membership Service*, as described on page 272 should be of especial interest. Why not suggest to your club or parent-teacher group that they contribute a year's trial membership and prove its value to the community? And remember that reprints of *The Social Hygiene Bookshelf* and the various bibliographies may be secured without charge.

Next Month.—As usual the JOURNAL will not be published during the months of July, August and September. Watch for the *Social Hygiene News* for items of interest and importance, especially concerning the Fall Regional Conference which is contemplated at Milwaukee, October 10-12, at the close of the annual convention of the American Public Health Association. For details of local arrangements and other information inquire at the national office or from Miss Aimee Zillmer, Wisconsin Department of Health, Madison.

Social Hygiene for the Sightless.—The New York Institute for the Education of the Blind in planning its curricula program for the fall is developing courses in social hygiene and sex education for blind students. Six social hygiene pamphlets have been put into braille for classroom and personal conference use, including Dr. Snow's *Special Series, Health for Man and Boy, Women and Their Health, and Marriage and Parenthood*, Dr. Exner's *The Question of Petting*, and Mr. Edson's *From Boy to Man*.

New Publications.—A number of useful JOURNAL articles have recently been put into reprint form, among them *The Church, Social Relations, and Family Welfare*, by Anna Garlin Spencer; *What Can the Church Do for Social Hygiene?* by Bishop John C. Ward, and *The Catholic Church and the Social Hygiene Movement*, by Father John M. Cooper. Any of these, 10 cents each; free to members. Free for general distribution, program suggestions, *Social Hygiene and the Church School*, and *A Joint Conference Program*, and the bibliography for pastors and church leaders mentioned in the opposite column.

Love, Courtship and Marriage.—This is the title of a series of lecture and discussion outlines prepared by Newell Edson. Price 10 cents. And have you seen *Betrothal*, by Paul Popenoe, and the very popular marriage education pamphlet *Premarital Conference?* Ten and 50 cents respectively.

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THE PUBLIC, THE DOCTOR, AND THE SYPHILIS PROBLEM *

JOHN H. STOKES, M.D.

University of Pennsylvania, Philadelphia

“Not light, but rather darkness visible,” the situation which met the eye of Satan as he viewed the newly created domain of Hell from the surface of the sulphurous lake, bore not a few resemblances to that confronting the eye of the syphilologic observer when, almost six years ago, the Health Section of the League of Nations called to Geneva five representatives from certain of the principal nations of the world, to consider the Chaos,—for it was rather that than even the semblance of organization credited to the hosts of fallen angels,—which the state of knowledge and practice in the treatment of the world’s foremost disease problem then suggested. It was conceded at the outset that we had the means, but we did not know why they so obviously accomplished so little in the control, the extinction of syphilis throughout the civilized world. In November of the past year the League of Nations convened, at Zurich, the same group of men for a final session, in which has been formulated the collective results of an international study of the treatment

* Read before the Buffalo Council of Social Agencies, the Erie County Medical Society and the Buffalo Academy of Medicine, Buffalo, N. Y., October 10, 1934; and before the annual meeting of the Massachusetts Society for Social Hygiene, Boston, Mass., April 23, 1935.

of syphilis of greater scope than perhaps any single study of the disease ever undertaken. While confined of necessity to the earlier stages of syphilis, the statement of principles and the two systems of treatment recommended by this international study (published in this country in the *Journal of the American Medical Association*, April 13, 1935) deserve to carry an authority and meet with an acceptance unique for this field of medicine. Unless suddenly swept into the discard by some unforeseen shift in knowledge, the British-Scandinavian intermittent and the American continuous systems of treatment here presented should set the pace wherever the mind thinks and the hand moves, whether in the deserts of Africa, on ships at sea, in city hall basements or in your treatment rooms and mine. Equipped now with our first adequately supported evaluation of method, it is reasonable to believe that we have it in our power without further advance in knowledge, using only the tools at hand, to reduce syphilis to a minor item in the category of disease within a generation. The service performed by the League of Nations in this humanitarian field has been paralleled by its contributions to the evaluation and standardization of diagnosis by serologic tests. The serologic conference called in Copenhagen in 1926 has furnished the basis for an extended reorganization of serologic practice. Great Britain, after the Scandinavian countries, now presents the best organized combination of technic and facilities. The United States is proceeding toward a much needed house-cleaning following the call issued last year by the United States Public Health Service in conjunction with the American Association of Clinical Pathologists for an American conference on serologic procedure. It is greatly to be hoped that out of these coordinating efforts at diagnosis will come a generally understood serologic language and procedure and the adequately checked and fully trustworthy State diagnostic test which is too often lacking at the present day. Central free darkfield service, initiated more than a year ago by the State of New York in this country, and long available in British practice, is to my mind the next step in advance after controlled serologic procedure.

You will forgive an American syphilologist's pardonable pride if I say parenthetically that the share of this country in the development of a scientific rationale for the treatment of syphilis, and adequate clinical standards for general use, have been a not undistinguished one. Five university groups, with the cooperation and facilities of the United States Public Health Service, aided by an anonymous donor and by the Milbank Fund, from a material of seventy-five thousand cases, as many of you no doubt already know, have produced an evaluation of results and a codification of principles which provides the long-needed mass demonstration of the worth of modern treatment for syphilis and the practicability of the treatment attack. Without such a series of studies as have now been published or are in process of publication, the mere establishing of clinics and the distribution of drugs moves halt-footed towards the Public Health goal of extinction of the disease. The physician who does not buy books or read journals need only write to the Division of Venereal Diseases, United States Public Health Service, Washington, and he can receive instruction for the management of early, latent, cardiovascular and pregnant syphilis, particularly in its preventive aspects, and the cure of the disease in its early stages, which are unique in the precision of their definition and the predictability of their outcome. One who has labored along as I have for many years under a load of hopes, presumptions, guesses and possibilities, is inclined to an almost unbalanced enthusiasm over the clear-cutness and sharp definition of many of the statistical results of the American syphilis investigation. At least we may now say that we have a glimpse into the inner mysteries of the disease and its chemo-therapeutic control. Though it is not wise to rate the schedules of treatment with their names, doses and intervals, the rules for the prevention of paresis and tabes, or the factors expressing the true prognosis of syphilis as if they were tables of valve clearances under differing conditions of temperature and pressure, it is none the less, I believe, justifiable to say that recent advances have given us advantages comparable to those conferred by the radio compass and direction finder in ocean and aerial navigation. It is fascinating, in the handling of these massive figures, to watch the *Spirochæta pallida* separate sheep from goats in the early days of the disease, and to watch the demonstration of the way in which treatment brings down the goats from 53 per cent to the, at present, seemingly irreducible 4 per cent. I think it is not too much to say that the last six or eight years of such investigations as these have transformed our intellectual grasp of the situation in syphilis.

Have they, however, in an equal degree, transformed the situation in the field of practice? Not yet,—I think we can say of this country, in which some of the best of the work was done, not by a *long* yet. Why not? For the answer, barring the fact that much of the material is but newly spread before the medical world, we must turn not any longer to the disease and our knowledge of it, but to the doctor, his patient and the public. Unless they rise to meet the occasion and the possibilities, as they very well may, they and not

our knowledge will stand between us and triumph. It is for these reasons that I have summoned up the courage to address you in an attempt at a frank and critical evaluation of the human, as well as the medical, factors involved in our coming crucial battle with syphilis. If I can make you feel the instant pressure of the moment, the need that each and every one of us shall take full stock and full advantage of the available resources, and can intrigue you with the fine-meshed intricacy of some of our problems, you will I know forgive my dogmatism and one-sidedness of viewpoint, and join with all forward-looking men in a great modern crusade.

When I realized that you were inescapably fated to come into collision with my ideas on the American syphilology of the next decade, I armed myself with the deadly parallel column and set up a barricade of tables, only to find that they were too large to bring into this hall for either defense or aggression. None the less I am going to discharge these weapons upon you in some fashion, and if the effect is that of pop-guns or sickening gas, rather than a four-turret salvo, let it be blamed on the writer rather than the undoubtedly potent ammunition of fact.

My first tabulation is a summary of the new knowledge of syphilis, gained by a decade of cooperative effort. I do not completely rehash the details for they are easily available, as I have said elsewhere. My second compares tuberculosis and syphilis, that we may shame ourselves for all our scant achievement in syphilis by the sight of our advantage in that disease, and our disadvantage and yet greater accomplishment in the less important tuberculosis. My third discusses, in a series of thumb-nails, what might be done, why it is not done, and what to do about it. It is a score card, frankly laying responsibility right and left. It is summarized in the fourth figure, partitioning that responsibility numerically among the agencies.

THE NEW KNOWLEDGE OF SYPHILIS

Gained by a decade of cooperative effort

FIGURE 1

1. *To fail to secure for a patient, a darkfield examination of a genital or other suspicious lesion, is equivalent to malpractice. A blood test is no substitute.*
2. *Wassermann positive primary syphilis is the least treatable of all the stages of early syphilis. It requires some 10 more injections of an arsenical, to cure.*
3. *Transmission of syphilis by carriers can be prevented by: enough treatment of early syphilis with an arsenical; medical prophylaxis after intercourse; mechanical (condom) protection of marital and extra-marital relations of syphilitics; better self-protection by physician surgeon and nurse; more care about transfusions; contraceptive control for the unconceived child; prenatal treatment for the syphilitic woman; more active doctor-health officer cooperation.*

4. *Practically any infectious case can be temporarily sterilized in 3 to 4 days.*
5. *It can be kept non-infectious by enough arsenical and by continuous, uninterrupted treatment.*
6. *Arsphenamine is a necessity, not a choice. Non-infectiousness and cure depend upon it.*
7. *The number of injections, the preferable drug, the preferable dose is now known for every situation involving infectiousness. Seronegative primary, 9 to 15, 606 or 914; seropositive primary 20 or over, 606; florid secondary 9 to 15, 606 or 914; relapsers, 10 or more additional; latent, 20, 606 or 914; pregnant syphilitic woman, 10 injections, total 4 grams, 606 or 914 equivalent (100 per cent healthy children).*
8. *The precise risk of infection for the child is known, for each period of pregnancy, for each amount of treatment.*
9. *Rest intervals and irregularity destroy the effectiveness of early treatment. Make it continuous, not intermittent.*
10. *Conditions for stopping, starting and prolongation of treatment are known.*
11. *Systems for early and latent syphilis, all phases, with proportions of curative results—exact number of injections, drug, total dose, can be read off like motor oil charts.*
12. *Nine-tenths of the reactions, complications and troubles of treatment can be prevented.*
13. *What blood tests are best, most sensitive, most trustworthy, cheapest, most accessible for diagnosis and treatment, is known.*
14. *The chief cause and prevention of fixed positive blood tests in early cases is known.*
15. *How to cure 80 per cent or more of previously incurable neurosyphilis is now known.*
16. *How to lengthen instead of shortening the life of the heart case is now known.*
17. *How to secure symptomatic cure in 40 to 100 per cent of stomach and liver syphilis; 90 to 100 per cent in skin and bone syphilis, is known.*
18. *How to save one eye and prevent involvement of the other in interstitial keratitis, the Nemesis of the syphilitic child, is known.*
19. *The superiority of treatment over non-treatment; of modern treatment over old-fashioned treatment, is now established. Modern methods are fully justified, superior to old, second to none, have negligible disadvantages when properly used. Simplification is bringing them increasingly within reach of any doctor who can read English, examine a patient, obey or profit by instruction, clean his hands and tools, swing a needle, stop when he meets a danger sign, and seek advice instead of blundering ahead.*

FIGURE 2

A COMPARISON OF TODAY IN TUBERCULOSIS AND SYPHILIS

<i>Tuberculosis</i>	<i>Syphilis</i>
1. Cause known, a refractory, highly resistant, easily disseminating germ.	1. Cause known, a feeble, easily destroyed germ. Backed by a biological urge.
2. Cause of death—seventh (1930).	2. Cause of death, variously estimated between fourth and lower. Cardiovascular and neurosyphilis alone exceed tuberculosis (Parran).
3. Infection controllable (open case) at once only by elaborate and expensive isolation, education, prolonged treatment, follow-up.	3. Infection controllable without isolation in 24-72 hours and kept in control for as little as \$78 spread over 2 years (30-0-2 course).
4. Early diagnosis not difficult, but specialized (X-ray).	4. Early diagnosis not difficult, but specialized.
5. Earliest and most effective treatment expensive, incapacitating, 6 months to 2 or more years taken out of active life. Dead cost on community.	5. Earliest and most effective treatment reducible to \$78, mildly unpleasant but not incapacitating.
6. Takes only a contact exposure lien on next generation.	6. Takes a direct prenatal lien on next generation.
7. No specific drugs, no effective medication.	7. Specific drugs, 80-85 per cent good results obtainable in selected early cases.
8. Highly specialized judgment, surgery and institutional methods on the increase.	8. No surgery; institutional, special and inaccessible methods steadily on the wane.
9. Few doctors can treat effectively.	9. Most doctors could treat effectively. A technician's job.
10. Subsequent (post-“cure”) efficiency limited.	10. Effective methods (“cure”) restore patient promptly to full efficiency.
11. Invalidism of occult tuberculosis relatively uncommon. Complications direct, evident, relatively few.	11. Huge concealed collaterals in heart disease, neurosyphilis, infant and childhood mortality (prenatal).
12. Direct prevention by vaccination in sight.	12. No direct biologic prevention in sight (Yaws?).
13. Campaign popularized, sloganized, its heroes canonized, finances liberally subsidized.	13. A cry in the wilderness from a few hair-cloth shirts, eating locusts and wild honey.
14. A public topic, named, spoken, press-noticed, novelized.	14. Whispered behind the hand, unnamed, press-suppressed, almost a literary blank.

FIGURE 3

THE SCORE

Based on the foregoing tabular analyses

Disease	Doctor	State	Med. School	Patient	Druggist	Public
2	18	4	1	7	1	3

In the analysis of the present day situation with respect to syphilis, each agent is at fault the number of times indicated above.

WHAT COULD WORK AND WHY IT DOESN'T

What!

The proportion of cures could be raised from 60 to 90 per cent by finding the germs in the sore before the blood becomes positive.

Why Not?

1. Doctor has no bump of suspicion—"burns it off," calls it anything but chancre. Doctor can't use darkfield or hasn't one.
2. State supplies no darkfield service.
3. Patient goes to the "prescribing druggist" who practices medicine without a license and gets by with it.
4. Patient never sees the sore. Too small, painless, concealed (women).
5. Patient does not know the importance of quick action. No public education.
6. Patient lets "Doc" get by with only a blood test.

What Then?

1. Pump syphilology into medical students. Stiffen the exams. Provide institutes, short courses, travelling exhibits, state instructors, better drug and detail men for doctors.
2. State laboratory darkfield service.
3. Work with wholesale and retail druggists' associations.
4. Talk, write, preach.
5. A course in disease prevention of all kinds, taught as part of a personal hygiene course in YMCA's, YW's, KC's, senior high schools.
6. Tell men what to expect of their doctors.

WHAT COULD WORK AND WHY IT DOESN'T

What!

The transmission of the disease could be all but stopped.

Why Not?

1. Nobody chases down the source of individual infections. Doctor too busy, patient was drunk, source is on the move, the State a slacker in epidemiologic work with this disease.
2. Doctor gives too little 914 or 606 (dose, number).
3. Patient jumps treatment (costs too much, hurts too bad, signs disappear), is told he has a negative blood, inconvenient hours, doesn't give a damn.
4. Doctor doesn't bother to find out about or treat syphilis before operations, childbirth, transfusions; infects himself, his nurses, his family, other patients.
5. Doctor won't quietly take Wassermanns on his pregnant patients. Thinks they're too good, or he'll lose the business, doesn't believe in treating prenataally anyway, because he doesn't read.

What Then?

1. State social service aiding an assigned epidemiologist to chase down sources and contacts.
2. Preach 30-0-60-2—thirty arsenicals, 0 rest periods, 60 bismuth, 2 years' heavy metal and observation.
3. Organize for cheaper treatment, no negative Wassermann reports given to patient first year, night clinics and night office hours, painless methods, good technic taught in medical schools and hospitals, not just picked up by the way.
4. A blood test with every medical examination, before every operation, at 3rd and 7th months of every pregnancy, on every child at 10 days.
5. Talk to women about demanding blood tests, to doctors about taking them.

WHAT COULD WORK AND WHY IT DOESN'T

What!

Neurosyphilis could be all but prevented (90 per cent plus); blindness, "locomotor," insanity.

Why Not?

1. Patients fight the spinal test, refuse, disappear.
2. Doctor ignores or forgets it, never heard or read about it.
3. Doctor can't do it properly and painlessly, and can't or won't get help.
4. The laboratory may render a worthless report; incomplete, inaccurate.
5. The doctor shoots more neo when he ought to turn to tryparsamide and fever.
6. Doctor or the patient does not follow through a modern system, 30 injections of arsphenamine or neo plus a heavy metal, 18-24 months, no rest intervals.

What Then?

1. Agitate. Drill it into medical students. Put it in the State Board booklets. Have centers where it may be had. Wherever the disease is mentioned, call attention to it. Educate the patient to demand it. "A spinal test before a rest." "No rest without a spinal test."
2. Preach 30-0-60-2, and the "Red Flag" to the doctor.
3. Preach 30-0-60-2, and the "Red Flag" to the doctor.

WHAT COULD WORK AND WHY IT DOESN'T

What!

Cardiovascular syphilis could be deterrorized
75 per cent.

Why Not?

1. Five to twenty years silent period—no real warnings, forgotten. Then bang!
2. No physical examinations yearly, no X-rays taken, no questions asked. Positive Wassermann minimized. "That's nothing."
3. Doctor minimizes or ignores the cardiac warnings. Nowhere in the disease are more good men caught napping, fooled, ignorant.
4. Insurance examiners overlook, ignore.
5. Surgeons operate, pass up, touch up, flare up the syphilis they happen to recognize.

What Then?

1. The yearly physical examination for life.
2. Chest X-ray and symptoms, quiz the first year and every 2 years thereafter for 15 years.
3. More treatment on suspicion—and more suspicion (systolic murmurs with tambour A2's, routine BWR's, in all medical examinations).
4. A positive BWR is a potential CV.
5. Use neo and bismuth, small ascending doses, or bismarsen, early. Special advice late.

WHAT COULD WORK AND WHY IT DOESN'T

What!

No syphilitic child need lose life, health or eyesight.

Why Not?

1. Backward obstetrics will not diagnose or treat prenatally.
2. Backward ophthalmology will not use arsphenamine at all, or effectively. The first eye can escape with little injury, the second need never be.
3. Doctor or the family does not suspect.
4. Children are not checked for syphilis after birth or in childhood. Blood tests, school examinations.

What Then?

1. Agitate for light in the dark corners of obstetrics and ophthalmology. Urge these specialists to read. The literature is inescapably and finally convincing.
4. Tell women everywhere what they and their children face through the ignorance, false modesty, and sometimes sheer pig-headedness of some of their doctors.

COSTS AND ORGANIZATION

In drawing my score card, I have mentioned but have not classified two critical items, one or both of which have a large element of public responsibility and participation,—the cost of treatment and the provision of organized facilities and centralized supervision and cooperation: dollars, clinics, centers. I have so many times pointed them out that I hesitate to repeat myself. Nothing in the way of protest from medical individualism, with which I am deeply in sympathy, can outface the fact, or ultimately escape the destructive force of the statement, that with slight variations in figures by different authors, treatment in a thoroughly organized and effective modern clinic costs from \$78 to \$300 per case, brought to cure or arrest in 15 to 27 months (these figures roughly apply to public and private clinic care as discussed by Moore, Keidel, Michael Davis and Bromberg), while the distinctly inferior services of the private physician begin with a minimum of \$273 to \$350 for 15 months, and climb quickly to \$1,425 and up. Facing this situation without compromise, private care is destined for tobogganization. When we realize that the higher costs are for the poorer care, the descent becomes precipitous. The demands of prevention alone, with its heart-center studies of the early uncomplicated aortitis which is the Nemesis of syphilis, are so expensive and so insistent, to say nothing of the costs of diagnosis in late syphilis, and of the semi-expert decision on treatment so often necessary in such cases, that it is inconceivable that the private practitioner can meet them for his patients without the help of some form of organization, private or public. Eighty per cent of the population cannot pay for the adequate care of syphilis at private rates, and fully that percentage of physicians, I should guess, could not treat it effectively at public rates and survive. It is therefore more than a challenge, it is a foregone conclusion, that the syphilis to which the doctor clings these days, as to a last surviving straw of income, will sink with him into the warm bosom, or the oncoming tidal wave, of organization and the state. Whether he finds it the one or the other will depend on how he views it. An intelligent cooperativeness, a little practical, I might almost say political sagacity, will land him on not too thin a pillow. Mere yells of protest or a stubborn stand-pat grumbling will choke him in the flood.

THE DOCTOR

As the highest score-bearer in our chart, we are compelled to give first consideration to the doctor as a factor in the control of syphilis. I have elsewhere, in a small way, tried the patience of a very generous audience, your own State Medical Society, by a rather rough handling of this question. I merely repeat myself in saying that our traditional individualism and a certain conceit born of the bad habit of self-adulation and self-congratulation, to which physicians are a bit too much inclined, makes us poor learners. Opinionation thrives on orations by medical leaders about the self-sacrifice, the

unfailing devotion to duty and study, instead of golf and the nineteenth hole, with which we are credited. Not the most vivid of pharmaceutical advertising panegyrics could alter the fact that in my field at least doctors generally treat neither themselves nor their patients with an elementary knowledge of the facts, or an elementary equipment in the technic of treatment. It needs a much more eminent personality than my own to carry home to you the unwelcome knowledge that the average doctor, as Billings said, does not *examine*, and as my own experience and that of much more widely experienced medical men indicates, does not *read*. In a disease such as syphilis, where examination and not history is the crux of diagnosis, and in which knowledge has moved so fast that the literature and text-books can hardly overtake it, the unfitness of a doctor of this negative school for his task as the cutting edge in an operation to excise syphilis from the body social, is too obvious for further discussion. I cannot speak beyond my own field, but I can say within it that once the patient finds out what too many doctors do *not* know about the syphilis that complicates the patient's case and life from one direction or another, he, the patient, and the larger public of which he is a part, will do more than smite; they will brush aside as inconsequential and out of step with progress, the real potential worth of the physician to the community. We shall be ridden over to some new regime—a far more ignominious end than to be honestly pierced in defense of an honest difference of opinion on method.

Let the physician then look to himself, and now. Let him develop his index of suspiciousness for the disease; let him demand cheap accurate diagnostic aids of his state or community hospital, and then use them. Let the medical school teach with unprecedented thoroughness the medical facts of the fourth cause of death, its treatment, and most of all its prevention. Let the doctors as riflemen and machine-gunners demand central control of their firing efforts from clinics and experts, and let them not forget the small but essential item that expertness, public or private, in even so lowly a field of esteem as syphilis, must live. It is no solution of the syphilis consultation problem to send five pages of closely typed irrelevancies to one who is considered to have clairvoyant knowledge, with a request for evaluation of the mass, without grace of even a return envelop. Such demands are as unreasonable and unfair as the requirement that every patient whose case needs an opinion must present himself in person to the consultant, fee in hand. There is badly needed, a study of, and a practical and equitable mechanism for, consultation by correspondence, whose applicability to the individual case exceeds the possibilities of the text-book and the current journal article. Such a service can be developed, with fairness on both sides. And finally let the doctor master the actual technic of treatment for syphilis, or keep hands off. Blowing up of each other and their lay patients by squirt-gun tactics, ignorance of hazards, unpreparedness for complications, pains, pangs and paresis, is no procedure for keeping the treatment of syphilis in general medical hands. Once he makes up his mind to treat syphilis, let the practicing "doc" spend a two or three weeks' vacation or give regular

attendance on a state or hospital venereal disease clinic, learning the basic essentials; and let him not leave his sense of humility and his teachableness behind him when he returns home. The mechanism of development of such teaching centers, and their traveling aids is being left almost wholly to the most casual and self-interested agencies. Yet without them, the doctor will never in the world keep his hold on the treatment of syphilis, if he can do so at all. With the cooperation of the state, and some attention to the seriousness and exacting quality of the matter in hand, I believe that an alternative, more effective because more wide-spread than the treatment-clinic system, can be developed, which will use the practitioner in the actual management of early, latent, pregnant, prenatal and cardiovascular syphilis—and, in time, neurosyphilis also. The question we all confront, is whether we shall not be regimented into the ranks of organizational medicine before such a plan can be developed and matured.

THE PUBLIC AND THE PATIENT

I lump them together because, in these relationships, they are parts of the same problem. Sooner or later the public becomes the patient. Having twice discussed this subject I do not review it in its entirety, but point out to you merely what appeal to me as high points. Increase of public knowledge is a back-handed way of raising the standards of medical practice, harsh though such a statement seems. Once the public knows that a doctor who sticks the arm instead of collecting juice from the sore, or rather who does not do *both* is culpably ignorant or negligent, a club has swung that badly needs swinging. That the public can be slowly educated toward the five to ten-day rule of beginning treatment in the seronegative stage of the chancre, was brought out by the Cooperative Clinical Group investigation of the time in the disease that patients with early syphilis reported for diagnosis to public clinics. The number of patients seeking relief in the first five days of their awareness of their ailment more than doubled between 1916 and 1930 (2.4 to 5.5 per cent). A similar proportion holds for the 6 to 10 day interval and in the 11 to 15 day interval the proportion increased four times between 1916 and 1930. When the now known facts as to the greater controllability of infectiousness, the cheaper because shorter treatment requirements, and the improvement in the cure outlook are considered, you will not be surprised to hear me sounding the old familiar note with a new inflection. Teach the public not only to go for diagnosis earlier, but to demand the microscopic examination from the doctor. I merely offer this as a most important illustration of a point of emphasis and education. Catalogued seriatim, the facts regarding syphilis now ready for public presentation and emphasis, as I see them, are: the prevalence of the disease, which is the most frequently reported after measles; the fourth among causes of death, with tuberculosis seventh. Drive home the disabilities it causes that are worse than death; the fact that headway is being made all over the world, if not here; the seriousness of small beginnings, the pinhead chancre, the overlooked infection, the unknowing carrier of

the disease; that it is no respecter of persons; and the reality of the prostitute reservoir, from girl friend to slut, as the undoubted source of syphilis. Let it be driven home that treatment, not noble ideals and high-sounding talk, controls infectiousness; that an arsenical is a necessity, not a convenience; that blood tests mean least just when you want them to mean most—namely, while the disease is most infectious and most curable, and in following the schedule of early treatment. Let it be proclaimed that treatment must be for 18 months to 2 years in early, and not less than one year in late syphilis; that early there must be no rest intervals, no use of blood tests to decide the stop-and-go, treat-and-rest question. Moreover, treatment must be continuous, no rest periods, no lapses; or one-fourth of the outlook for cure is lost. Let the public learn to demand the blood test of every doctor in every medical, surgical, obstetrical and special situation; and in life insurance examinations too, instead of the inexpressibly futile and silly question on every life insurance examiner's blank form, "Have you had a venereal disease?". Punish the life insurance companies by supporting total disability claims arising from negligence on the part of the insurance company or examiner in detecting syphilis when the policy was granted, until they detect and grant adjusted rates to syphilitic persons. Applaud and call for More! More! when a great life insurance company half-timidly inaugurates a masked advertising educational effort. And in the huge and far-reaching part of industry in medicine, see that syphilis has its considered place. Such power should not be neglected or misused in the way it only too easily can be, and is. Move to secure the cooperation of the drug trade through its national and local associations, for there is no more prolific source of delayed and defeated diagnosis, frustrated treatment and carrier and relapsing infections than this. Let women's clubs hear of pregnancy and syphilis, medical examination as a protection to marriage, the facts about the extragenital "engagement" chancre of the lip, tonsil, ear and cheek, and the costs of necking and petting indiscriminately indulged. Have a lobbyist on your health department or your social agency staff who talks syphilis to legislators with the zeal and persuasiveness of an armament salesman. Shake up the backward state laboratories by telling them and their public how erratic, unreliable, and almost inexcusably over-acute or insensitive some of their tests are. Inaugurate a movement to make the state health department carry the responsibility that physicians never fully can or will assume, of tracing down the source of infection from hotel to lunch counter to ticket window, with the sleuthing, relentless trek of the "sole-leather epidemiologist," as Munson has so well labeled him. See whether the public health nurse cannot be used both in education, follow-up and enforcement of treatment continuity and infection control, as well as the health officer, the social worker. To the college student, the YMCA and YWCA audience, teach the facts of venereal disease, not in a smut lecture, but in a required course in general personal hygiene for freshmen and an optional one for young business men and women. Bear down hard on alcohol as the Great Betrayer, the shadow behind too many a

consulting room confession, "I was drunk." And camp on the trail of bootleg prophylaxis, the worthless kit and shoddy condom racket that infests the rearmost "rubber goods" counter of the local drugstore hang-out.

METHODS

High compression like this is hard even for medical and special audiences to follow. Each of these topics might well keep a whole social group flag-waving and poster-pasting for a generation. The method of education in this field is far from evaluated. Storms of pamphlets rustle their prim leaves or drag their pompous contents across the issues, to what end we do not know. Lecturers prune and prism before youthful audiences already fully supplied with the peas and potatoes of the topic, and a risibility that brushes aside all but the most penetrating and convincing talk. Having seen the very small crop that is harvested from the dignified factual statement, and the heavy royalties of bally-hoo in our curiously light-hearted civilization, I have wondered whether a turn toward dramatization, sloganization and advertisement would not prove productive of good. The worth of advertisement in promoting public enlightenment and increased attendance on treatment centers is better recognized elsewhere than in the American home of high-power publicity. It must be studied and used. It has literally made the private venereal disease practice of Chicago the exclusive field of what is now a well-run if comparatively less remunerative private clinic. It will be a long time before the street car fronts supplant the men's toilet as our publicity field, but that at least should once more be determinedly and effectively used. The next step must be the subjugation of the press. The possibilities of drama in the field of syphilis are remarkable, almost unique. The story of Schaudinn's life, the vivid personality, the eyesight with the resolving power that the best Zeiss and Reichert grinding could not equal; the hairbreadth escapes from immortal fame among investigators as good men saw but did not understand; the lifetime effort falling into dust at the touch of an electrolyte; the noble exercise of the powers of the mind under the aegis of scientific control in the Ehrlich-Bertheim-Hata labors, their near-defeat by the very idea that gave them birth, and the costs of a premature publicity—these are only a few of the critical moments which thus far only the pen of a DeKruif has attempted to dramatize. Sloganization, that pet eye-catching, tongue-twisting and memory-titillating item of the American publicizing technic, has unexplored possibilities for syphilology. I have been a timid experimenter with it in medical teaching, recognizing the dangers of the descent in dignity and tone that must be balanced against a wider popular appeal. As a Sunday afternoon's diversion, while I was thinking over this paper, I tried my inexpert hand, in an experimental way, at wrapping in a slogan some of our most significant packaged facts. See whether, thrown on the screen, they have any power, either by their ring, their aptitude, or their sheer unpleasantness and inadequacy, to make the known fact they carry come home to you and stick. For a slogan that misspells a word may be worth more than one that is impeccable.

SOME EXPERIMENTS IN SLOGANIZATION OF "PACKAGE" FACTS

They keep their twist and can't be missed. The *Spirocheta pallida* lives for days with a simple kit technic. British chancres have been diagnosed in Canadian laboratories and vice versa. Why not Podunk chancres in the state laboratory?

Dial 30-0-60-2. Drop the rest period in early syphilis, drop mercury, drop short courses, drop Wassermann-bound treatment. Give 30 arsphenamine injections, 3-4 courses; 0 rest the first year; 60 bismuth; 2 years treatment and observation if uneventful.

No rest without a spinal test. The kick-back of refusal in neurorecurrence, tabes, paresis, is shocking, needless.

Twenty after three. Up to the 3rd year of syphilis, dial 30-0-60-2. After 3 (years), 20 arsenical injections, 20-40 heavy metal injections, if the positive blood is the only sign.

Four in 'tin' for the lyin' in. It'll yield almost 100 per cent symptom-free babies to syphilitic mothers—4 grams arsphenamine in 10 injections.

"Puncture the back if the blood won't back-track!" The first step in solving your fixed positive Wassermann riddle may lie behind the dura.

Stop, look, listen. The slogan for late syphilis and the mistaken impulse to treat on a laboratory report.

SOCIAL HYGIENE AND REALISM

Having spoke out in meetin' and guv you-all a piece of my mind, I can think of no better topic with which to quit the stage than the heading of this paragraph. And let no man suggest that because I seem roughly to realign and take to task one kind of social hygiene, I do not give to social hygiene broadly conceived a high place in coordinated effort against the venereal problem. But these are fighting times, and new deals are being shuffled, and cards thrown into the air in every direction. Let me throw mine. There is about the term social hygiene itself a pallid, pussy-footedness that muffs its kick, high-hats instead of brown-derbying it, gives it the odor of lavender instead of the pungent bite of lysol. I do not insist, in this choice of metaphors, that we must never lavender the brown derby, kick the high-hat, or muffle the lysol. But social hygiene should not fear the descent into realities, and it need not. What are the realities of social hygiene today? Ask yourself which and how many of them you are studying and standing for or against: First, *contraception*, and a positive attitude and participation in its scientific meaning and study. It is scandalous that American social hygienists should let a mere medical society beat them to a pylon in their field. Second, the problem of *delayed marriage* and the premarital try-out needs honest as well as earnest handling, some coordination with the state of the times and the actual state of affairs, and an effort at definition of ways, means, aims and results, as well as merely pros and cons. Third, stands *divorce*, than which—in its causes, its worth and danger, its outcomes and results—no human problem more needs serious and practical, as well as idealistic, study.

It has hardly been touched by serious research. Authoritative advice before and after marriage is the most critical social hygiene need of the day, left to columnists and peddlers of slops on the inside pages of our papers. It was good to hear the explosion that meant life in the topic from the direction of New York some time ago. Every city should be boiling this pot in a Marriage Bureau, now somewhat pedantically called an Institute of Family Relations. *The Church*, finger to lip, cannot long continue to hush the questions of the moral, the spiritual and the livable life on which her officers must take stand. Is her function to be limited to the puerile platitudes of the marriage license booklet, or the noble but too often hollow-ringing words of a marriage service spoken before modern ultra-sophisticates? *The press* I offer you as a challenge. Which of you will first head a genuine social hygiene column, a consultation by correspondence, wiser and more humane as well as more inclusive than that of Dorothy Dix or Beatrice Fairfax? And to those of you who sit at the political elbows of school boards, I present the example, for joy and shame, of Westchester County in New York State, which first made possible the school educational program and achievement of a Beatty, and then ham-strung it on the score of expense. At least the light shone, while almost all else was dark. And finally, turn to your *playgrounds*. Who will first establish the experimental laboratory of the home in the one place outside the home itself where the principles of home-making should first be taught—among small boys and girls who play with boxes and boards at the building, and with dolls at the filling and vitalizing of homes. The drill and regimentation of today leaves out of account the individualization of family life. In a corner of the playground under a wise eye, boys and girls can play together at a housing program that is, in its implications, the very beginning as well as the whole aim, the Alpha and Omega of social hygiene.

One always feels a bit of a hypocrite as he finishes a paper like this, in which even the most opinionated and self-satisfied author must admit that he has at many points failed to keep his feet to the ground, and has more than once fallen afoul of a tarring with his own brush. There are many excuses for failure where I have been guilty of it, but only one well-established one for counsels of perfection. To the physician and to myself as syphilologist no less, is reserved the time-honored privilege of ending my essayed flight of wisdom with the flump, "Do as I say, not as I do, little man!"

THE CASE OF YOUTH *vs.* SOCIETY

A TRIAL BY JURY CONDUCTED AS A YOUTH WEEK PROJECT
OF THE COUNCIL OF SOCIAL AGENCIES OF THE ORANGES
AND MAPLEWOOD, NEW JERSEY

FOREWORD

Interest in studying new methods of meeting local needs of young people led me to go to the first session of the Trial of Youth vs. Society, held in the Oranges and Maplewood last May, but like many others who went for the same reason I was greatly surprised to find so much general attention being given to the event. On approaching the auditorium shortly before the opening hour, I was astounded to find myself struggling through a dense crowd of men and women, boys and girls, only to be told upon reaching the door that there was no more room, not even standing room! The best that an official pass, earnest entreaties and personal acquaintance with the director of the project could do for me was to provide a small space on the floor of a stage ante-room from which disadvantage point, with a dozen other persons similarly situated, I absorbed the proceedings of the opening session with eyes and ears strained to capacity.

After what I heard and saw at that first session, however, nothing could have prevented me from attending the remaining sessions of the trial and the Jurors' dinner, held a week later, for I felt certain that instead of witnessing merely a clever means of interpreting social and health work to the public, I had seen the birth of a new method of community analysis of universal value. The needs of youth, its impatience, its idealism and its frankness; community success or failure in meeting these needs; adult sympathy, anxiety or smugness—all were delineated seriously and sincerely and dramatically before the crowded courtroom as well as before the judge and jury. Best of all, the Summing Up presented at the Jurors' dinner showed earnest intention of correcting the conditions leading to sentence of "guilty as charged."

Any community which will follow the example of the Oranges and Maplewood exercising similar skill and care in planning and execution, should reap reward in a closer understanding between youthful and adult citizens; a wider vision of results to be obtained by social, religious and educational efforts in the community, and renewed enthusiasm among all concerned in the conduct and support of community projects.

VALERIA H. PARKER, M.D.

INTRODUCTION

WAYLAND D. TOWNER

*Director of the Council and Associate Director of the Welfare Federation,
Orange, New Jersey*

There is no more difficult task before community leaders today than that of interpreting welfare work in terms readily understood by the lay public. We in the Oranges and Maplewood felt that the concentrated effort so far made to define private social work as a part of the annual fund raising campaign of our Welfare Federation left much to be desired. We sought for a new idea which would capture popular imagination and focus attention on community needs and services at some time other than during the annual campaign when the appeal to give is paramount and welfare publicity is recognized as "propaganda."

Since ours is an autumn campaign, we selected the spring for our interpretive effort and synchronized our dates with National Youth Week—April 27 to May 4. We chose "Youth" as the theme because of the universality of its appeal. For a method that would combine the dramatic approach with an adherence to fact, we borrowed the technique and setting of a regular court trial.

The public was informed that this was not a mock trial, but a trial in actual fact, that youth would be given a chance to express its views, without adult censorship, in six realms of major youth interest, and that the trial would permit young people and their elders to learn something of each other's viewpoints. Although the project was sponsored by the Council of Social Agencies and the Welfare Federation, the public was told that all community services, public and private, would be scrutinized by youth and placed on trial.

The sponsors were fully aware of the dangers in such a straightforward appraisal of community services. Here was a project which would call public attention to deficiencies in local services as well as to the extent they served adequately. The sponsors believed, however, that the gains of such analysis would far outweigh any embarrassment of possible criticism. Community leaders both public and private were willing to risk an unfavorable verdict, believing in the soundness of the idea.

The combination of the time, method, theme and the sincerity of the approach clicked. People flocked to the trial sessions. Hundreds had to be turned away. The trial became the talk of the town.

It speeded up thinking on local problems and got action, immediate action in some instances, to correct conditions which youth indicted.

The novelty of the presentation, the dramatic nature of the disclosures and the courage evidenced by the many witnesses who dared to express their views publicly, made a deep impression in these communities. Welfare leaders believe the public opinion influenced by the trial will benefit the annual fund-raising campaign this fall.

To those many individuals and groups who have asked for a detailed account of the Trial by Jury plan, we offer this memorandum in the hope it may be helpful in suggesting an effective method of interpretation and education.

I

THE PURPOSE, PLAN AND CONDUCT OF THE PROJECT

As indicated in the introduction, the project grew out of the desire of the Welfare Federation of the Oranges and Maplewood to focus public attention upon social welfare problems at some time other than during the annual fall fund-raising campaign period.

Rather than confine the enterprise to the Youth needs met only by the 30 private social work agencies in the Federation membership, it was decided to dramatize all local services to Youth, both public and private. Programs of private agencies then could be shown in relation to the total community service to Youth.

The Council of Social Agencies, affiliated with the Welfare Federation, embracing in its membership both the public and private agencies, was selected to carry out the idea. The Council undertook direction of the project with the following objectives in mind:

- (1) To conduct a community self-appraisal or survey by two groups, namely, one (Youth) seeking to find the weaknesses or gaps in our youth facilities and service; the other (Adult) to discover the desirable features of the services rendered.
- (2) The public presentation of these findings to ascertain, in the impartial judgment of a representative group of citizens, the extent to which existing facilities and services are meeting the needs of youth.
- (3) To identify the Council publicly as an active force in the life of the community and to relate it more actively to the schools, churches and other organized interests outside its membership.
- (4) To enlist the entire membership of the Council in one major event rather than in many unrelated special interest activities.

The Plan

What are youth's needs? The first step in planning the project

was to find out the vital interests of young people. Study of youth group discussions here and elsewhere indicated that youth is very much concerned with:

- | | |
|-----------------|-------------------|
| 1. Employment | 3. Friendship |
| 2. Marriage | 4. The moral code |
| 5. Leisure time | |

To these we added "Health" although in the various studies made, health was found to be one of youth's minor concerns. These six subjects were set up as the field for the development of the case of Youth *vs.* Society. It was made clear at the very outset that Youth would pursue its investigations within the limits of these subjects *locally* and that its indictment would be based on *local* deficiencies within the aforementioned six realms. The term "Society" which symbolized the defendant, was used, not in the generic sense, but rather to typify local institutions, organizations, persons and their services. Said Youth in its opening argument at the trial:

Society cannot be classified above or beyond a certain age but represents to us that viewpoint which says "These things were good enough for us, son, they are good enough for you." Society in this trial represents that majority influence which has prevented Youth from receiving adequate preparation for employment, that influence which has caused racial prejudice in employment, the influence which has kept Youth ignorant of marriage and sex education and that influence which is condemned in the other counts of our indictment.

With the field defined, the next step was to collect the facts, pro and con. Prosecution and defense committees were set up to this end. The collection of facts for the prosecution was assigned to youth groups under adult leadership associated with local churches, community houses, Y's and other organizations. All evidence was to be presented in written form before a private youth grand jury, at which time the so-called indictment of Society was to be formulated.

(Actually, because of pressure of time, the written evidence was drawn in during the ten days preceding the grand jury hearing and the indictment, already formulated, was discussed and accepted at the grand jury session.)

At the same time, practically the entire membership of the Council of Social Agencies was organized into six adult committees, to collect facts in defense of Society—facts which would show just what service all organized groups provide for youth in these communities, in the realms specified.

The Youth grand jury hearing took place on a Friday evening, April 26. The actual trial itself was scheduled to begin four days

later, on Tuesday, April 30, to continue Wednesday night, May 1, and to close Thursday, May 2. Thus, there were three public trial sessions as a progressive affair with Youth taking the stand the first night, Youth completing its testimony and Society opening its case on the second evening, and on the final night, Society closing its case, the summations heard, the verdict handed down and sentence pronounced.

Since our area as a whole is composed of five separate communities, the Youth Week Court opened in East Orange, convened the second evening in Maplewood and closed in Orange. This was done in order to help diversify attendance and enlist the interest of all communities.

The concluding feature of the project was an invitation dinner which we called "The Jurors' Dinner" at which principals of the trial gave their impressions. Nearly 400 persons attended, including a large delegation of young people, and the occasion served to sum up the event and to look ahead to action along the lines suggested by Youth's testimony.

Youth Discussion Groups

Thirty-two groups of young people ranging from eighteen to twenty-five years of age were enrolled in the project. Fifteen were found in churches in the five communities, two came from local colleges, ten from Y.M.C.A. and Y.W.C.A. organizations, four from community or settlement houses, one from the Junior Business and Professional Women's Club and one from a special group of Youth leaders.

Direction of these groups was placed in the hands of the secretary of the local Y.M.C.A., who served as chairman of the Youth Study Committee. He conceived of his responsibility solely as that of a guide and counsellor. In no way did he attempt to influence the opinion of Youth as the discussion groups had been assured in advance that there would be no adult censorship.

These groups were given six weeks to two months to prepare their opinions and collect their evidence in substantiation. All were encouraged to cover each of the six realms although few actually did so, most of them electing to concentrate on one or more in which they were particularly interested.

Youth has been charged with indifference to consideration of health. It is significant that the realm of health was not touched upon by any of the discussion groups.

The six Youth attorneys (each a practicing lawyer under thirty years of age) recruited to aid in the preparation of the Youth case

worked closely with representatives of the discussion groups. Six weekly meetings were held by the lawyers to discuss with the Youth group leaders the testimony and evidence submitted. Suggestions for use in the gathering of evidence were prepared and mimeographed copies were circulated to the Youth groups.

Adult Defense Group

Approximately 150 persons, almost the entire membership of the Council, agreed to help prepare Society's defense. Six committees, each assigned to one of the six realms, met weekly beginning a month prior to the Youth Grand Jury hearing. Each committee surveyed general facilities and services for Youth in the private agencies, public departments and agencies, in the school, church and home, in the specific field to which it was assigned.

By special arrangement with the Youth prosecuting attorneys the trend of the indictment was made known to the defense committee leaders approximately one week before the Youth Grand Jury met to prepare the formal final phraseology. This cooperation made it possible to point the defense specifically to the counts in the indictment which were made public two days before the trial opened.

Working closely with the chairman, and occasionally the sub-committee chairmen, were the defense attorney and the executive director of the project. Frequent conferences enabled this group to coordinate the efforts of the six committees. Final decision regarding what testimony to include or what to exclude was left with the defense attorney.

Executive Committee

The active committee working with the executive director in guiding the project was composed of 25 persons recruited as follows:

Chairman, Leisure Time Group of Council (serving as Chairman).....	1
Chairman, Jurors' Dinner Committee.....	1
Attorneys for the Prosecution.....	6
Attorneys for the Defense.....	2
Trial Managers.....	2
Chairman, Attendance Committee.....	1
Chairman, Committee on Arrangements.....	1
Chairman, Publicity Committee.....	1
Chairman, Speakers' Bureau.....	1
Secretary of the Committee.....	1
Director, Council of Social Agencies.....	1
Chairman, Adult Defense Committee.....	1
Chairman, Youth Study Committee.....	1
Members at large (from colleges, health department, and religious organizations).....	5
Total.....	25

Seven meetings of this committee were held at weekly intervals commencing March 11th. Progress reports from each of the sub-

committees were rendered through the various chairmen and all efforts coordinated. This committee served as the policy-making group. To it were referred all matters requiring final decision.

Youth Grand Jury Hearing

Four days before the scheduled opening of the public trial sessions a private Grand Jury hearing was held at which the formal charges were drawn up. This Grand Jury was composed of two representatives (including the leader) of each of the 32 Youth discussion groups.

The following indictment was unanimously approved:

Indictment

The Grand Jurors of the Oranges and Maplewood, duly impaneled, sworn, charged to inquire in, of, and concerning the commission of youth within said district upon their oaths and affirmations, do find, charge, allege, and present:

COUNT 1

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

Employment:

- a. Inadequate employment service.
- b. Inadequate preparation in schools for any form of employment.
- c. Allowing racial and national prejudice to interfere with employment.
- d. Allowing employment at starvation wages.

COUNT 2

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

Marriage (and the problems relating thereto):

- a. Inadequate instruction on the subject of choosing a mate.
- b. Allowing conditions to exist under which young people of a marriageable age are unable to marry due to lack of employment.
- c. Inadequate sex education.

COUNT 3

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

Friendship:

- a. Lack of cooperation among existing young people's organizations and agencies.
- b. Appalling inadequacy of facilities for youth activities.

COUNT 4

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

Moral Code:

- a. Allowing the continued and flourishing existence of pitfalls for youth, such as obscene literature, saloons and gambling devices.
- b. Failure to attempt serious moral education in the home, school or church.
- c. Futile treatment of young offenders frequently colored by political consideration.
- d. Harsh attitude toward those with a criminal or police record.

COUNT 5

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

Leisure Time:

- a. Failure of educational system to instruct in the proper use of leisure time.
- b. Lack of facilities for the use of leisure time.
- c. Incomplete use of public buildings, schools, churches, etc., for leisure time.

Contrary to the form of the statute in such case made and provided and against the peace and dignity of the United States of America.

Dated: April 26, 1935.

A True Bill.

CONRAD R. MAYO,
Foreman, Grand Jury.
GARDNER K. BENSON,
Prosecuting Attorney.
HILDA JACKSON,
Clerk.

Principals in the Trial

The following persons composed the officers required to handle the trial sessions:

Presiding Judge—Youth Week Court
Clerk of the Court
Court Stenographer
Attorneys for the Prosecutions (6 in number)
Attorneys for the Defense (2 scheduled—one prevented by illness from serving)
Trial Managers (in charge of stage effects)
Jury (12 in number)
Alternate Jury (12 in number)
Chairman Committee on Arrangements (in charge of seating, ushers, etc.)
Executive Director
Press Representative

As in a real court set-up, the presiding judge (in professional life a judge in the County Court of Common Pleas) was granted full responsibility for the conduct of the trial. The other court officers were selected for their experience and competence.

The jury sitting on the case was composed of four housewives, a bank clerk, a student, two teachers, a civil engineer, a chemical engineer, a stenographer and a filling station attendant. The following procedure was carried out in its selection. A month before the trial all known organizations in the five communities were circularized and asked to nominate one person to be a member of the Jury Panel from which by lot 12 jurors and 12 alternates would be selected. Eighty-nine nominations were received. A week before the trial the names in the Jury Panel were separated by sex into two groups, one over thirty years of age and the other below. Three names were then drawn from each group for the jury and for the alternate group likewise. This procedure guaranteed a representative group divided equally by sexes and by age groups. The alternate jury was recruited to replace the regular jury in case of illness or

inability to sit at all three sessions. No substitutions were required, however, as the jury served intact throughout the three sessions.

The Trial Sessions

Three trial sessions were held, all free to the public, although admission was by a Court Room Pass obtainable at the box office or previously distributed through many channels. The first was held in the High School Auditorium, East Orange; the second in the Junior High School, Maplewood; the third and final session in the High School Auditorium, Orange. Each session commenced at 8 P.M. and was concluded, with the exception of the final one, at 11 P.M.

Thirty-four witnesses for the prosecution testified during the first evening and half of the second; twenty-four for the defense on the second and final nights. Summations by counsel, the Judge's charge to the jury, the latter's retirement for 34 minutes, verdict and sentence concluded the affair.

Testimony (approximately 80,000 words) as briefly summarized by the *Newark Evening News* (May 3, 1935) indicates the range of topics covered as follows:

For the Prosecution

Employment at starvation wages; inability of Youth to marry because of economic conditions; inadequacy of sex instruction; allowing pitfalls for Youth such as obscene literature, saloons and gambling devices; harsh attitude toward those with criminal record; inadequate employment service; inadequate preparation in secondary schools for employment; racial and national prejudice; failure in cooperation among young people's agencies; inadequacy of facilities for youth activities; inadequate moral education in home, school and church; failure of schools to instruct in leisure time uses.

For the Defense

Outlawed sweatshops; jobs provided equally for Youth and older people; social functions permit wholesome contact of the sexes; juvenile court and places of detention have understanding; use is made of public institutions for leisure time; employment service is provided; society devotes much of high school training to vocational subjects; frowns on racial and national prejudice; provides the best it can for recreational activities; provides moral education in schools and churches which supplement the home; provides through its extra-curricular school activities means of occupying leisure time.

The trial created tremendous interest. Every seat was taken an hour before the trial opened the first night. Subsequent sessions outdid even the first. Thousands literally were turned away in the greatest demonstration of public interest which the five communities have ever known. The audience hung breathless on the testimony as the array of witnesses was called to the stand.

The Verdict

Youth won a legal victory and Society a moral one. Legally, Youth's indictment only had to be sustained in one count to secure for Youth a verdict of guilty. Actually a conviction was reached on only six points, with the jury unable to reach agreement on one charge. Society emerged from the battle of facts wholly acquitted of nine of the sixteen charges.

Specifically, the verdict was rendered as follows:

Guilty

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

- Allowing employment at starvation wages;
- Inadequate instruction on the subject of choosing a mate;
- Allowing conditions to exist under which young people are unable to marry due to lack of employment;
- Allowing the continued and flourishing existence of pitfalls for Youth, such as obscene literature, saloons and gambling devices;
- Harsh attitude toward those with a criminal or police record; and
- Incomplete use of public buildings, schools, churches, etc., for leisure time.

Not Guilty

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

- Inadequate employment service;
- Inadequate preparation in school for any form of employment;
- Allowing racial and national prejudice to interfere with employment;
- Lack of cooperation among existing young people's organizations and agencies;
- Appalling inadequacy of facilities for youth activities;
- Failure to attempt serious moral education in the home, school and church;
- Futile treatment of young offenders frequently colored by political consideration;
- Failure of education system to instruct in the proper use of leisure time; and
- Lack of facilities for the use of leisure time.

No Verdict

Society is indicted for indifference to and ignorance of the problems of youth in respect to:

- Inadequate sex instruction.

The jury decisions were reached after deliberating for 34 minutes. Three days after the trial the jury members met at length to review their verdict. After several hours of added deliberation it was agreed that the original verdict represented their best judgment on the evidence submitted.

The Sentence

Following the announcement of the verdict the Judge read his sentence as follows:

"I sentence Society to one year on probation and remand it into the custody of the chief probation officer of the County for that period. And I limit the term to one year so that Youth may obtain a speedy remedy for the defects it has so ably proven."

Impressions at the Trial

(As related by Eloise Gustafson and published in *The Weekly Review*, West Orange, N. J.)

Interesting—the difference in tempo of the three sessions—the excitement and enthusiasm of the huge crowds and anticipation of what was to come at the first session on Tuesday night, making it more colorful than Wednesday, when weightier testimony was offered and audience was in a judicial mood . . . and with Thursday, again the crowds . . . their eager anticipation . . . tenseness relieved by witticisms of His Honor, Judge Brennan. . . . The giggle that arose when photographer's light failed. . . . Silly people. . . . Prosecution is to be congratulated in securing Dr. Kingdon as a witness for Youth who aptly stated Youth's most insistent plea is for "a chance to work and earn fair money for what they do." . . . Great applause. . . . Noted the variety in types of personalities of young witnesses and how neatly the various experts fitted into their individual grooves. . . . Curtis Threlkeld so much the high school principal; the various clergymen so typical of their vocation . . . long experience in a particular field does it, I suppose. . . . Could the court stenographer really be taking notes that fast? . . . Brilliant repartee between the Judge and Dr. Kingdon the brightest spot of the whole trial. . . . Sustained interest shown by the audience when raised-hand vote was taken as to how many had attended previous sessions . . . the poised, confident attitude of Miss Janet Leake, educated, experienced family case worker . . . rotund, jolly Charles A. Steadman, warden of Newark jail, a true Dickens character . . . insisting inmates at jail be termed "guests." . . . Judge suggested "customers" . . . "Abe Lincoln" Benson . . . eager, hard-working member of the prosecuting staff and J. Branton Wallace, suave young attorney. . . . Fashion note . . . the smart wood-violet and yellow outfit worn by a young Panzer College student. . . . Crisp, concise, assured manner of Archie Ormond, defense counsel, who claims to be a descendant of Thomas a'Becket . . . compared to the earnest but less confident Youth lawyers. . . . The happy smile of Wayland D. Townner, originator of the project . . . the appreciative roar of laughter when Youth's attorneys requested Dr. Kingdon to speak as briefly as possible and the well-known educator and clergyman replied "Oh, yes, in simple terms, so the Judge can understand." . . . Welcomed the coffee and sandwiches offered the press while the Jury deliberated. . . . Envied the Judge his glass of water during the sessions. . . . The prosecution pleaded "not guilty" to malice aforethought in arranging the order of its last three witnesses—Superintendent of the House of Detention, Warden of Newark Jail and President of Dana College . . . then there was the small riot in the race for seats the first night of the trial . . . was pleased with the thoughtful attitude of the illustrious jury . . . in fact, the whole project . . . a huge success.

Society Accepts the Challenge

The fact previously pointed out that thousands of citizens literally stormed the doors of the Youth Week Court is significant refutation to Youth's accusations of indifference to and ignorance of its problems. If any further vindication were needed it could be found in Society's quick response to Youth's charges. Without waiting

for the end of the trial organized groups plunged into action as Youth indicated conditions which it condemned. The Village of South Orange checked at once on the enforcement of its local ordinances banning the sale of obscene literature. Orange put a stop to the use of bagatelle machines for gambling. The Chamber of Commerce at once started to investigate Youth's charge of allowing employment at starvation wages. The Health Group of the Council made haste to complete plans for an Institute on Family Relations to meet Youth's demands for further preparation for marriage. Jobs and a real chance to make good were offered to boys on probation through a business group. The desire to do something definite toward filling the gaps exposed by Youth was expressed by many other individuals and groups. Coordinating this urge for constructive action and directing the strong community concern for Youth which lies back of it will be Society's major task during its probationary year.*

Plans for Probationary Year

At the request of the chief probation officer, the Council of Social Agencies will supervise Society during the year of probation. The Council, formed in 1922 by the Welfare Federation as a social planning body, represents some 100 different organized groups. These, with leaders in local churches, parent-teacher and other associations will be invited to work with the Council this coming year along the lines indicated by Youth.

The six charges of which Society was found guilty definitely suggest the nature of the task ahead. For the most part the problems can not be wholly solved in the allotted time. Two of the charges, namely "allowing employment at starvation wages" and "allowing conditions to exist under which young people are unable to marry due to lack of employment" represent problems extending far beyond the boundaries of the Oranges.

A suggested course of action already has been presented to the Council by a small group of active trial participants called the Temporary Advisory Committee. After receiving assurances that its recommendations would be given consideration by the Council's Board of Directors, the committee disbanded, its function completed.

Urging community endorsement of such projects as the proposed Institute on Family Relations and the County Crime Conference to be held in the fall, the recommendations provide a sound guide for Society's activities during the probationary year.

*Although Youth's indictment included no specific reference to health conditions, Society recognized its responsibility for improvement of such conditions as a part of meeting the other charges made.

Thus, with Youth pointing to the problems, with public opinion demanding action, with organized groups seeking the specific task and with the Council and its allied groups ready to direct and advise, Society's year of probation promises to be a year of accomplishment toward the improvement of community welfare.

II

ATTENDANCE PROMOTION AND PUBLICITY

Three weeks before the trial a letter over the signature of the chairman of the Youth Week Committee was mailed to the principal officers of 207 organizations (women's clubs, service clubs, fraternal orders, etc.) asking their cooperation in urging attendance. A memorandum explaining the project and sample circular and court room pass were enclosed.

Following receipt of this letter an Attendance Committee of 21 women conducted interviews with these officers to supply them with publicity material for distribution to their members.

General Publicity

Advance publicity for the Trial by Jury was planned to reach the widest number of persons through every available channel within our limited financial resources.

Letterhead

A special letterhead was printed on mimeograph paper in red ink. Quantity 2,500.

Circulars

We printed 25,000 circulars by the photolithographic process. These were placed in the hands of the heads of all local organized groups with the request that they be distributed at meetings among the membership. Junior and Senior High School students were requested to take circulars home to their parents. Our 30 member agencies were supplied with a sufficient quantity to be distributed among their board members. Near-by Councils, Chests and some national organizations were circularized and invited to send observers.

Tickets

Tickets were distributed through the same sources as the circulars and at the same time. Extra quantities were held in reserve in the offices of school principals. Admission was advertised by ticket only, but tickets were also obtainable at the door during the three public trial sessions.

Posters

The circular used above was "blown up" to poster size and used in member agency offices, schools and churches.

Periodicals

Advance releases were sent to publications issued by women's clubs and other organizations. Ministers were urged to use notices

in their bulletins. *The Welfare News*, official organ of the Welfare Federation, with a circulation of some 17,000, devoted an entire issue to the Trial by Jury in advance (as well as a follow-up after the event). *Shop Talk*, the Federation house organ which is circulated among the member agencies, public agencies and board members, also carried advance stories.

Speakers

A Speakers' Bureau on a limited scale was set up and requests for information and announcements concerning the project were filled. As there was considerable speculation about the merits of the project, many groups were eager to hear about it from one of the organizers. At all meetings the fact was stressed that the project was not a mock trial, that Youth would be guaranteed freedom of speech and there would be no adult censorship. Ministers were encouraged to talk about Youth and its problems, during their sermons.

Public Comments

We wrote to the Governor, state welfare leaders, prominent editors, ministers and others for opinions on the project, and used their statements in our publicity.

Newspaper Publicity

The Field

The Oranges and Maplewood are served by a baker's dozen and more of newspapers. Not only has each community one weekly paper, but there are four local dailies (*The Newark News*, *Star-Eagle*, *Ledger*, *Courier*), and a local Sunday paper, *The Call*. Furthermore, our commuting population read most of the New York City newspapers. The *Times* and *Tribune* are widely read here.

Press Luncheon

Before launching our newspaper publicity we held a press luncheon to which editors of all local papers and the correspondents of New York dailies were invited. We found the newspaper men more than a little skeptical, willing to be cooperative, but inclined to view the project as just another "publicity stunt."

Preparatory Work

We began to feed out stories to the press six weeks in advance of the Trial itself. Appointment of chairmen, committees, youth study groups, et cetera, all served as news pegs on which to hang the daily developments of the project. The newspapers were polite, gave us a normal amount of space, but at the outset beat no drums in the streets about the Trial. However, as news began to build up, as more and more prominent names began to be associated with the project, as public opinion about it became more articulate (and not always favorably or accurately so) the news editors began to play up our copy. Immediately prior to the Trial opening we sent releases and phoned to the city desks of all New York City papers, notified the syndicate news services, the news-photo and the news-reel agencies. With public interest growing, the publisher of one of the local dailies offered to handle the project as if it were a front page

murder trial. The paper turned its best writers, its cameramen, its front page and its editorial columns over to the Trial by Jury. When Mr. and Mrs. Public swarmed in to the hearing the first night, overflowed into an adjoining room to listen in at a loud speaker, lined the walls and galleries, and choked the traffic for blocks around—the newspaper publicity practically took care of itself.

Press Table

At each of the three public sessions, we had a special press table which was occupied nightly by about 20 newspaper representatives. We supplied them with as much advance copy as we could get—full lists of the witnesses who were scheduled to testify on each evening and advance copies of the testimony each was prepared to give, and human interest details. The cross-examination, the comments from the bench were not planned in advance. The newspapers wrote their own stories during the trial.

Highlights

After the success of the first hearing, newspapers opened their columns wide to the Trial. First page stories, "boxes," "streamers," picture layouts, detailed testimony, editorials, special features came out every day during the week of the Trial and for several days thereafter. A front page story in the *New York Herald Tribune*, several columns in the *New York Times*, a page in the *Literary Digest*, several editorials in the *Newark News*, an editorial syndicated by the King Features Service signed by Elsie Robinson, another signed by Bruce Catton, NEA writer of Cleveland which appeared in 500 papers, comments over the radio, were some of the highlights of the avalanche of publicity occurring during and following the trial.

Aftermath

Nor did the publicity stop with the Trial. Since that event, newspaper editors of their own accord refer to it whenever the opportunity presents itself. The Council and the Federation have risen in the esteem of our local editors and releases from these sources are treated with much more consideration than ever before.

III

COST OF THE PROJECT

To finance the trial a budget of \$375 was authorized, \$300 to be provided by the Welfare Federation and \$75 by the Council of Social Agencies. Expenditures actually amounted to \$377.01, itemized as follows:

Circulars and passes.....	\$169.18
Posters.....	7.69
Letterheads.....	21.78
Programs.....	12.00
Multigraphing and mimeographing.....	28.12
Stage properties.....	38.00
Rentals, janitor service, etc.....	15.00
Postage.....	18.74
Miscellaneous.....	66.50
Total.....	\$377.01

IV

A WORD OF ADVICE

To organizations contemplating the use of the Trial by Jury method briefly outlined in the previous pages, a few lessons learned from our experience may be helpful as follows:

(1) Persons naturally conservative by nature, fearful of promoting any undertaking which might disturb the status quo of a community, may be expected to be lukewarm, if not hostile, to this type of project. We encountered considerable opposition at the outset from persons who were afraid that unbridled Youth on the stand would reflect many of the radical issues of social, political, economic and religious patterns which would result in a storm of public disapproval of the project. These fears in our case proved to be groundless. The safety factor which controlled our experience was the insistence by the lawyers for both prosecution and defense that opinions offered as testimony be supported by facts admissible in a court of law. Much potential testimony was ruled out by them on this basis.

(2) Some of our skeptics assailed the project on the basis that already there was too much conflict between the viewpoint of youth and adults. To debate the case publicly in court would accentuate this lack of harmonious relationship, they said. Many of these persons were sticklers for legal form who argued that Youth being a part of Society cannot indict Society without indicting itself. While this may be technically so, nevertheless the end justified the means, for the trial roused public opinion as no other recital of community needs has been able to do in recent years. It threw into bold relief today's problems of youth which in essence are the problems of the entire adult community.

(3) The use of the word "indictment" of Society disturbed many of the zealous guardians of the status quo. We softened it by naming it "the so-called indictment" and explained that this phraseology was necessary to carry out the legal method of preparing for a court trial.

(4) The lack of trained adult leaders for the Youth discussion groups which participated was evident throughout the preparatory period. Too much of the burden of preparing the case fell upon the few groups whose membership was more mature and better educated.

(5) The possibility of using the fact-finding aspects in preparing for the Grand Jury hearing and the trial as a real educational seminar was recognized by our youth advisors. Time limitations (no group had more than six weeks in which to formulate its opinions and prepare evidence) unfortunately prevented the exhaustive and thorough approach which we would have desired.

(6) Belief that the affair was to be a mock trial and that it was solely a publicity stunt were hurdles which we had to overcome. Fortunately our publicity and promotional efforts eventually changed the current of public regard on these points.

DISCUSSION OUTLINES ON LOVE, COURTSHIP AND MARRIAGE

NEWELL W. EDSON

Consultant, The American Social Hygiene Association

I. THE SIGNIFICANCE OF THE HOME PARTNERSHIP

1. *What the home partnership is:*
 - a. Definition of marriage—see dictionaries.
 - b. Thanks to the growing equality of the sexes, marriage is coming more nearly to be a partnership, hence the home partnership.
 - c. What does the home partnership mean in human life?
2. *The significance of the home partnership to the mates:*
 - a. It is their most important job in life.
 - b. It is preceded by the most solemn vow that can be taken—A vow not forced but voluntary—Participants have always made own pledge—the church has blessed—No other vow so serious.
 - c. For most people it is a life association—Most others temporary; example, business associations.
 - d. No other partnership like it—a 24 hour-a-day relationship between two wholly different creatures.
 - e. It challenges their best knowledge, skills, ideals and conduct for such activities as home-building, home-keeping, child bearing and rearing, financial management, social relationships, citizenship, etc.—As the ultimate of human adjustments it requires the best they have in equipment.
 - f. Their focus of interest for many years—Daily starting point, inspiration, refuge—The background of their most important years, during which their chief work is done, it influences them profoundly—It is the foundation on which to build.
 - g. Their chief means of expression—economic, social, artistic, religious, temperamental—The home partnership conditions these expressions and accompanying attitudes.
 - h. The home partnership is perhaps their chief contribution to society—The guidance of other lives made possible by it is an ambition, a task of the highest order.

- i. A man's real job in life—His money-making job done largely to bring funds to the home partnership—Hence its appeal and its challenges.
3. *What the home partnership means to YOUR mate:*
 - a. All these things, with you as the center.
 - b. His (her) life of happiness or misery.
4. *Significance to children:*
 - a. The home is the whole setting for their early years, social, moral, health, educational.
 - b. It means to them affection and security, the two most important factors in their successful development—The tragedies of insecure, homeless and unwanted children—Society and children pay for these tragedies.
 - c. The home has grown out of the need to care for the child. This care becomes increasingly necessary as life grows more complex—Great extension of the nurture period today.
5. *Significance of the home partnership to society:*
 - a. It is the oldest and most solidly established institution.
 - b. It is the best protected by custom, law, and tradition.
 - c. It has long endured, though it has changed and still changes to reflect the varying social experiences of its members.
 - d. It produces and trains members of society—With the complex society of today this is an increasingly difficult and important task.
 - e. Its form and spirit have been copied by many social institutions and groups.
 - f. Your marriage vow makes you a part of all this.
6. For these and similar reasons it behooves you to consider the home partnership seriously and to think straight about it.
7. *Why marry?*
 - a. *Is there any inherent right to marry?*—The social sanction to mating has long been established and is generally regarded as a right of mature persons, with certain restrictions born of social experience—Eugenics and the cost of the support of the socially inadequate are causing society to question the right.
 - b. *Merely for convention's sake?* Because everybody does it?—Hardly a justification for a life partnership, yet probably a factor in many marriages.
 - c. *For physical satisfactions?*—Primitive marriages were largely on this basis; many modern marriages on same basis—This

reason not shameful, provided it meets social requirements—Merely narrow, and usually unsatisfactory as the sole or chief basis for marriage—Uncertainty as to how dominant is the reproductive urge; wide variations in persons and in times—Some physicians declare sex necessity doesn't exist; some psychiatrists declare you can't rule the sex hunger out of lives without disaster—Probably its importance lies at a fluctuating point between these two extremes—Probably too it is far less dominant than many have supposed.

- d. *For personal satisfaction?*—Home, comforts, emotional outlets, domination, social standing?—Just how important are these to you? Important enough to justify a permanent tie-up?—Just how selfish is the motive behind this desire for personal satisfactions? There may be much marital misery when selfishness dominates these factors—Yet many people will continue to enter marriage for such reasons solely.
- e. *To live with a certain mate?*—Why?—Can you be happy without her (him)?—Do you love her (him)? Have you analyzed your love to test its quality and sureness? Is it selfish or unselfish? Is there back of it a desire to make her (him) a better person because of your contacts with her (him)?
- f. *To establish a home partnership?*—Is this desire based on the conviction that the partners can do a better job of living together than singly?—Each should need the other, and because of this need should be willing to sacrifice, to serve without stint or praise, to adjust constantly, to consider the other always, to share equally, to play fair every time—It can hardly be a 50-50 partnership unless these factors are included at least—Moreover, what do you mean to do with this partnership after it is established?
- g. *To rear children?*—Are you physically fit to be a parent? How do you know? For the sake of your children both you and your prospective mate ought to know.—Do you want this mate as the parent of your children?—Has each of you the elements necessary to put the right stamp on a growing child: control, sympathy, understanding, steadfastness, knowledge, etc.?—Parenthood is not a casual job!—Can your prospective mate be a successful parent if tied to you? What makes you think so? It takes *team work* to rear fine children.
- h. Your success in the home partnership will be in proportion to your contributions to it—If you expect much, you must put

in much—It is fair that your parents should expect you to do a better job than they have done.

II. CHOICE OF MATE

Introduction—One may assume your desires for happiness and success in marriage.

1. Much depends on your choice of partner, since partnership is for life—Haphazard choice apt to lead to unhappiness—Hence one needs to be deliberate before being romantic—Romance clouds choice—Yet romance will follow from right choice.
2. Danger in choice based on emotional let-go—One can “fall” in love with almost anyone!—This becomes thrills for the thrill’s sake—We can associate emotional responses with the shoddy or the fine—Can deliberately seek experiences for the selfish thrill we get out of them—Emotions usually block reasoning and thus spoil choices—Hence the value of getting standards for mate choice *before* getting in love.
3. *What standards for choosing a mate?*
 - a. *A healthy mate*—Health needed for work of the home partnership, especially for breeding and rearing of children—Illness hampers one’s vocation, the smooth running of household machinery and the happiness of the home—Pity for a weak or ill person often mistaken for love—Are you temperamentally fit to care for an ill person?
 - b. *A community of tastes, ideals and standards* with no serious clashes, and a willingness to respect tastes, ideals, and standards of the mate—These are closely tied with emotional responses and with deep-seated likes and dislikes, hence serious disagreements here lead to unhappiness—As mates live together, the tastes, ideals and standards of one tend to influence the other, hence mold character—Therefore choice of mate helps determine one’s character, an added reason for care in choice.
 - c. *A keen interest in mate* and in what she (he) does, says and thinks—Wisely fostered, this interest will hold through the years of the partnership—Without it the partnership is pretty flat!
 - d. *A feeling of comradeship always*—Think of the thousands of days during which these two must be the chief comrades of each other.
 - e. *Respect, admiration and pride in mate*—These are necessary

to carry partnership through the days of testing—Unless one can compare his mate with others and be satisfied, happiness can't long endure.

1. (Here enters for boys the question of choosing beauty or prettiness—A boy needs to question whether he can give beauty the adoration and the setting it is used to and expects—If he can, beauty in a mate is a great asset.)
- f. *A sound family heritage*—The characteristics of the two mates will be the equipment, physical and emotional, of their children—For the sake of the children one cannot make a mistake here.
- g. *Sterling character, as a matter of course*—One's own character and that of children too much influenced by character of mate to take a chance here.
- h. *Cheerfulness is a decided asset*—Unfailing sunniness makes possibilities of gloom vanish. Emotional control is equally valuable—The home partnership will face situations that shake emotions deeply—Children are quick to copy emotional responses of parents.
- i. *A mate of skills, of hand, of head, and of heart*—Every skill is needed for the complex adjustments of the home—Hand skills save dependence on outside help and mean a home well kept up—Head skills are needed for the financial and educational and social problems of the home—Heart skills are essential to the sympathy and love for which the home is preeminent.
- j. *A mate close to your ideals*—These represent the best of your thinking and experience—The closer your mate comes to these, the greater your chances of happiness and love.
- k. *A mate you love*—Love is today not merely an accessory, it is a necessity—Partnerships formed without love are badly handicapped from the start.
- l. *A worthy parent to your children.*
4. The application of some such marital yardstick to the potential mates you meet is likely to result in a wiser choice than a choice based on mere response to thrills or an artificially imposed standards—However, you must use such a yardstick with finesse!—And you must be willing to risk something. Think what your mate risks in you!
5. *At what age to marry?*
 - a. In general, marry when suitable mate and sufficient money are found.

- b. *Dangers of too early marriages*—Under twenty there are usually handicaps of unsuitability for bearing children, lack of social experience, insufficient income, undeveloped standards and judgment, “not knowing one’s mind”—There are decided values in starting the partnership in the early twenties, when adjustments are easy to make, and in growing together as life progresses.
 - c. Figures from study, *Happiness in Relation to Marriage*,* indicate 25–29 as years giving best prospect of success and happiness in marriage—A variation of a few years either way is not a drawback.
 - d. Twenty to thirty are the best years for child-bearing—These are also probably the best years for child rearing and for adjustments between mates.
 - e. Dangers in age differences of more than 8 to 10 years—Tastes, ideals, and standards frequently so different as to mar real compatibility.
6. *On what finances shall one marry?*
- a. Like any other partnership, the home partnership must look out carefully for its finances—This should be done before partnership is formed.
 - b. The amount of capital and income needed depends on the objectives and standards of the partnership—Simple living requires little, complex living demands much—This income should be steady and dependable.
 - c. Two *cannot* live together as cheaply as one, except perhaps in the matter of food—The same expenses for each are likely to continue after marriage, and there may be others.
 - d. Whether women should continue to work after marriage is a debatable question.
 - (1) There are advantages of added income, wider contacts for the women, a measure of economic independence.
 - (2) There are disadvantages of tendency to live to limit of income, of not saving for babies or of not having babies, of coming to regard home as secondary to business.

III. LOVE, SHAM LOVE, AND COURTSHIP

- 1. No human relationship needs straighter thinking than does love, yet almost none has had more nonsense written about it!

* JOURNAL OF SOCIAL HYGIENE, October, 1926, Hornell Hart and Wilmer Shields.

2. What is love?

- a. Some of commoner assumptions—Merely a thrill? romance? unknown adventure? honeymoon experience? passion?—Probably all of these and some other things too.
 - b. Definitions: Look up in large dictionaries.
 - c. Love is an admixture of many things, based on one's whole experience—The variety of experiences of affection that build up your present love responses: mother-child love, father-child love, relative's love, companion's love, friend's love, sexual love, love for animals, objects, principles.
 - d. Some components of mate love.
 - (1) *Mutual affection*—Degree may vary according to person and time—One craves an affection that is different, such as furnished by one of different sex.
 - (2) *A craving for comradeship*—This craving is as old as humans are.
 - (3) *Hunger for parenthood*—An experience universally desired and to be desired.
 - (4) *Sex hunger*—Without it there probably would be no mating and continuance of the race—It must be strong enough to ensure that no matter what the circumstances, the race won't die out—It is handed down in heredity from one generation to another as a race necessity.
 - (5) *A longing for someone to make you better*—The base for progress in love.
 - (6) *The need to be of supreme importance to another*—Unless this ego craving is satisfied, there can be little love.
 - (7) *The desire for unselfish service.*
 - e. These components vary and intensify with person and time.
 - f. Love ripens and enriches with satisfactory experiences.
 - g. It can be life's most rich and ennobling experience *because most unselfish*—Its effect on character is mutual.
 - h. It can be equally degrading, especially when largely selfish.
 - i. Modern love is the result of all human progress in affection and unselfishness—Hence its demands are increasingly higher—One doesn't give such affection too easily.
- ## 3. How can one tell when in love?
- There are no absolutes here—In general one can tell by
- a. *A genuine liking* for the loved one and for most of his (her) manners, habits, tastes and ideals.
 - b. You are *happier with him (her) than with any other*—Also you are genuinely unhappy when separated—A natural

accompaniment of this happiness is a quickened pulse when you are together.

- c. You have for him (her) *a feeling of comradeship always*—With this is a desire to share experiences and to feel that such sharing is *wanted*—Much of married life is just comradeship.
- d. *Unshakable mutual confidence* between the loved one and yourself—You can always rest assured that your beloved will always do her (his) best and that best will satisfy your own standards.
- e. *A community of tastes and standards* with no serious clashes—Some of these factors are like those for choice of mate, since mate choice and love merge into each other.
- f. *A willingness to give and take* without bitterness or afterthought—Each comes quickly to know and to respect the limits of the other's endurance.
- g. *Unconscious consideration* of her (him) first—You can't help it—You prefer to follow your loved one's desires and subordinate yourself, but without self-effacement.
- h. *Your beloved brings out your best* and you bring out hers (his)—You grow in character under the influence of your beloved—This is the crucial test of love.

4. *Does one fall in love?*

- a. Sometimes, but one more commonly gets or becomes in love, usually not so quickly as "falling" would imply.
- b. "Falling" implies letting go—There are dangers in emotional let-goes; they warp judgments badly—One can fall out of love also—Some people fall in and out indiscriminately just for the thrill's sake!
- c. Being in love is a serious matter, not to be decided by "falling".
- d. One can prevent or head off love—At times it is best to do so.

5. *Can there be love at first sight?*—Yes, it is possible, though probably rather rare—It is quite likely to be a quick recognition that the beloved fits one's ideals—But usually this recognition takes time—Women are usually quicker at such recognition than men, perhaps because their intuition is stronger—However the eager desire to have love at first sight may bring false love or love for the sake of love ("in love with love").

6. *Sham love is the form without the substance*—It has two main aspects: mistaken love and petting—The former may usually be rectified without harm or unhappiness—The latter fre-

quently presents some difficulties, especially habitual petting—Probably few people are indiscriminate in petting.

7. *Some of the values and limitations of habitual petting:*

a. A consideration of the values:

- (1) It gives a personal thrill—Is the basis of this unselfishness or selfishness?—Does one pet to make the other a better person or merely to satisfy his own desire for a thrill?
- (2) It gives one a close acquaintance with the other sex—This intimate acquaintance is necessary before one can make his final decision about choice of mate—But such intimacies are commonly associated with deep affection, not with shallow or casual feeling—Does one by such experiences get a real understanding of the other sex or a more extended acquaintance with his own emotions?
- (3) It gives social standing with a desired person or group—But is this standing necessary or desirable at the cost of the disadvantages of such petting?—Here belongs the common argument that petting is tendered as payment for value received—But aren't the intimacies of love too valuable to give to anyone except one's lover? They certainly shouldn't be given, or demanded, for mere casual service such as friends give with no thought of reward—Only selfishness claims a reward.

b. *Limitations of repeated petting:*

- (1) It cheapens personality by making it too easily attainable—A certain degree of unattainableness enhances one's value—Few people respect "easy marks."
- (2) It breaks down reserve, which is necessary for one's self-respect—Hence it hurts self-respect—The respect of others depends much on one's respect of self—For example, men bank on a girl's self-respect, valuing her usually at her own valuation of herself—To break down self-respect is to mar personality.
- (3) It is apt to lead to showing off, petting merely to show one's control over other sex or one's standing with a certain group—But love is too precious to be shammed for such purposes.
- (4) It stirs and teases deep-seated emotions, whose outlet is commonly associated with reproduction—Since this outlet is socially forbidden except in marriage, the teased emotions tend to leave one upset, dissatisfied and cynical toward valued relationships.

- (5) Repeated emotion teasing is likely to lead to emotional upsets—One may be swept off his feet unintentionally—Such results, aside from social stigma, are almost always wholly dissatisfying since they have no real element of love, are debasing since they lack the spiritual qualities of love, are frequently fatal to love, and are usually bitterly repented—They emphasize the emotional factors at the expense of the spiritual, the temporary at the expense of the lasting factors.

- (6) It often leads to physical damage in both sexes.

8. *Some considerations concerning courtship:*

- a. It is biologically the preliminary to mating.
- b. Mating at sight is blindly physical and accompanied by no real love.
- c. Courtship by postponement of mating makes for increase of desire, appreciation, consideration, love, and tenderness.
- d. There are ordinarily two periods in pre-marital courtship: the early and cooler period of final decision as to choice of mate and thorough acquaintance with loved one; and the later or emotional period, when cool reasoning has little chance.
- e. Some needs and opportunities of the first period.
 - (1) A thorough and careful testing of suitability through measuring temperaments—Set-ups which test one's emotions under trying conditions.
 - (2) Analysis of inheritance to determine what will be passed on to the children—For the sake of the children there should be included a thorough physical examination to determine ability to have children.
 - (3) A close range exchange and testing of tastes, habits, ideals and attitudes, so that each may know the other's reactions thoroughly.
 - (4) Under proper social protection, a chance to live under the same roof for a period of several days or weeks—This somewhat intimate experience will give the mates-to-be a real test of their desire and ability to hit it off as suitable home partners.

IV. EMOTIONS AND THEIR CONTROL

1. *Our emotional development:*

- a. What we start with, anger, fear, and love.
- b. Necessary responses to hunger, breathing, temperature, injury, discomfort, and fatigue bring experiences which modify emotions from birth.

- c. The child's keen susceptibility to emotional responses.
 - d. How stimuli and responses are modified by experiences, by new attachments to stimuli, by combinations of emotions—Thus do emotions become very complex.
 - e. Adult emotions, longer trained than those of children, are many, varied, complex, quicker in response, and usually strong.
 - f. Imagination as an intensifier of emotions—Mind pictures create new experiences with ease and rapidity—Imagination grows by what it feeds on—If fed wholesome stuff, it will respond wholesomely—It may become largely dissociated from conduct.
2. *Factors in emotional response:*
- a. One's physical condition determines the state of receptivity to stimuli—"Over-sensitiveness" due to poor physical condition.
 - b. A previous emotional state is apt to leave one more susceptible.
 - c. The environment may or may not offer opportunity for satisfactory response—The degree of response is conditioned by this factor.
3. *The sex emotions:*
- a. Responses to sex emotions are early trained through variety of sex contacts and experiences—These responses usually mixed with other emotions because of society's attitudes toward sex conduct.
 - b. Responses already pretty definitely conditioned before sex urge appears.
 - c. Effect of sex urge is a more or less conscious drive toward mating—If the individual is socially minded, the mating will tend to satisfy social restrictions; if individual is not socially minded, the mating will tend to follow only his selfish desires—Selfish desires demand immediate satisfaction, social mindedness seeks more permanent satisfactions, even though deferred.
 - e. The intensity of the sex urge depends, like other emotional drives, on physical condition, emotional associations, opportunity for outlet, etc.—It is different in adolescent and adult because differently conditioned.
4. *Teasing the sex emotions drives them to seek outlets:*
- a. How one may tease them through uncontrolled imagination, stimulating stories, petting, *etcetera*.

- b. How this teasing increases tensions and the difficulty of self-control.
 - c. Even though they are slower in arousalment, once aroused, they are as difficult to control as any other emotions.
5. *Finding satisfactory outlets to sex emotions:*
- a. They must satisfy the whole personality—Certain practices like masturbation usually do not—For most persons sex irregularities do not.
 - b. They must be socially satisfactory—Sex codes have to be strict in order to protect the family—These have been built up through long and bitter experience.
 - c. Partial outlets through activities that absorb body and imagination—Activities afford some physical release, absorbed imagination cuts off a chief stimulus.
 - d. Compensations for sex hungers through a variety of wholesome associations and activities with the other sex—These outlets though partial are usually sufficient to make self-control not too difficult.
6. The sex emotions are not to be ashamed of but to be directed satisfactorily, like any other emotions.

THE FINE ART OF LIVING TOGETHER

1. *What a home partnership is:*
 - a. Practically a 24-hour-a-day relationship.
 - b. An intermeshing of personalities already formed.
 - c. A working out of mature lives together, with consequent influence on character—Marriage is the crucible of character.
 - d. Team-work of the highest order.
 - e. The ultimate of human adjustment, taking time and patience and every skill to work out.
 - f. Life's most difficult and most rewarding job.
2. The marriage vow doesn't change mates; it merely alters their relationships—The danger of feeling "now we are free."
3. *Some ideal characteristics to possess before marriage and to practice afterward*—Nearly all can be acquired.
 - a. Sunniness—Probably the best general asset for a home partnership.
 - b. Self-control—In no human relationship is it needed more.
 - c. Unselfishness—The backbone of family spirit.

- d. Bringing out the best in beloved and in self—Altruism carried to the *n*th degree.
 - e. "Sticking it out"—Many a partnership fails for lack of willingness to see it through.
 - f. Fair-play—Obviously essential to a partnership, but how many mates practise it?
 - g. A willingness to give and take—By it comes that testing which makes growth of the partnership possible.
 - h. A sense of humor, without unkind teasing—Laughter helps one pass many a shoal.
 - i. Unstinting service—Without it the partnership can never attain its full possibilities.
4. *Success in marriage perhaps more difficult to attain today because youth are demanding more of it.*
- a. Formerly they demanded: security, comfort, sexual partnership, comradeship, children of course, perhaps happiness and love.
 - b. Today they demand: higher standards of comradeship and sexual partnership, nearer equality, happiness and love of course, freedom to express personality, wanted children.
5. *To achieve these objections requires everlasting team-work:*
- a. Marriage must be conceived of as a partnership into which one puts all his best—The returns are proportionate to one's contributions.
 - b. The mates need practice in this team-work prior to marriage—This is one of the functions of the engagement period.
6. *But team-work is impossible without constant adjustments:*
- a. Adjustments are necessary because of differences between mates—Not only are attitudes, ideals and standards different but habits, tastes and desires differ because of different experiences as growing boy and girl—These deeper characteristics largely motivate conduct—These differences show up strikingly in the use of leisure time.
 - b. Yet a partnership with no adjustments to make would be no fun at all!—It would indicate a platitudinous state or an eclipse of one mate by the other.
 - c. Adjustments don't necessarily signify disharmonies—They can be made without friction, if both mates determine they shall be.
7. *What hurts adjustments?*—Various things in various partnerships—Here are a few common to most:
- a. *Selfishness*—It has many forms: demands for rights, craving

to have, domination by force, stubbornness, sulkiness, attrition, etc.—Each needs to think in terms of the other, to seek and respect and allow for the other's viewpoint—Not easy for one who has always been selfish—It needs practice during engagement: persistent selfishness there is likely to carry over.

- b. *Wrong emotional outlets*—Many examples: wrong tone of voice, wrong choice of anger objective, wrong yielding to sweep of desires, lack of appreciation, etc.—Here again one's partner needs always to be considered and respected—Resolute practice will train mates to outlets satisfactory to both.
 - c. *Discovery of disharmonies*—This is inevitable—Examples: One or the other didn't know sex functions or strength of sex passion when aroused, emotional responses and tastes of the other, reactions of one to the other, etc.—So far as possible these need to be threshed out during engagement by frank talk and judicious testing of emotions—The rest can be ironed out if both mates are resolved to.
 - d. *Poor planning*—Commonly due to disregard of the partnership objectives and the part each must play—Poor budgeting of time for such matters as the partnership machinery, recreation and relaxation, solitude, the bettering of tastes, looking ahead, children and their rearing, talking partnership matters through, etc.—A partnership is a going concern and needs to be planned for as carefully as a business does.
 - e. *Poor economics*—Finance is the rock on which many partnerships fail, for poor finances mean insecurity, lack of opportunity, halting machinery, poor social standing, and consequent unhappiness—Partnership finances need budgeting in which every family member shares, with knowledge of and responsibility for spending and saving each dollar—Capital must be acquired as rapidly as possible—Here especially is fair play essential.
8. *What helps adjustments?*
- a. A willingness to reserve judgment until the other side can be heard.
 - b. A willingness to face issues squarely without evasions and without bitterness.
 - c. A respect for the other's personality and viewpoint always.
 - d. A willingness to talk issues through when mutually agreeable, keeping in mind that each is sincere and eager to adjust.
 - e. A spirit of unselfishness.

9. *Some probable results of team-work:*
 - a. Increasing confidence and deepening love.
 - b. Lightening of tasks.
 - c. Courage to meet whatever comes.
 - d. A growing similarity of tastes, standards and ideals.
 10. *The home partnership is your great adventure:*
 - a. No risk, no gain.
 - b. Its returns are proportionate to one's investment.
 - c. It is worthy of the best you have and hope to be.
-

"The moral consciousness has grown up with each generation out of the discipline and emotions of family life, supplemented by reflection and the teaching of experienced elders. The supreme values which lie within the human soul have therefore, as a matter of historical fact, entered the world for the first time through the operation of those gentle and ennobling influences which touch us continually in our family life. Whether in the beginning they were anywhere else out yonder in this vast universe, we shall never know; but they were not anywhere here upon our globe until the life of father, mother, and children created them. It was the sunshine and the atmosphere of the earliest human homes that created ideals of conduct and revealed the beauty of self-forgetfulness.

"There is one supreme relationship, that which has created the home and made the family fireside the source out of which man's highest qualities have grown up to transform the world. As historical fact, it is to family life that we owe the greatest debt which the mind of man can conceive. The echoes of our own past from immemorial ages bid us unmistakably to venerate, to cherish, and to preserve a relationship to which the life of mankind owes this supreme debt."

J. H. BREASTED.

EDITORIALS

THROUGH THE EYES OF YOUTH

The "youths'-eye-view" of community responsibility to the younger generation, as brought out through the "Youth week trial" sponsored by the Council of Social Agencies of the Oranges and Maplewood last spring, and described in Mr. Towner's article *The Case of Youth vs. Society* in this number of the JOURNAL (pp. 330-345) is worth close examination, both as to the details revealed and the manner of their revelation. As a method of arousing community interest and at the same time presenting facts directly to the public, the trial technique can hardly be improved upon. The unaccustomed court-room setting and formalities, the chance to see how one's friends acquit themselves on the witness-stand or in the jury-box, the give and take of question and answer, all engage the imagination and insure a good-sized and responsive audience. When, as in this case, these factors are reinforced by careful marshalling of evidence which has involved the attention of both the youthful and adult population for six weeks in advance, and so permeated into most of the homes of the community, the effect is bound to be, as it was here, overwhelming in point of numbers. In delivering first-hand information the trial method is equally effective. When a boy just graduated testifies that he "almost" received some sex education in high-school, and explains that "there was a chapter in our biology book on human reproduction, but the instructor said to skip it," his brief statement has done more to show the absurdity of omitting regular provision for such information than hours of expert debate could accomplish. Such incidents will stick in the public mind, and will have their effect when the matter comes up for public consideration.

To social hygiene workers the trend of the charges and the testimony is especially interesting, since four of the five counts included in the indictment concerned social hygiene

conditions. Youth charged society with "indifference to and ignorance of the problems of youth in respect to employment, marriage, friendship, the moral code and leisure time." It is interesting too, though not surprising, to note that the young people were not especially concerned with health matters. Young people have always been that way. Finally, it is worthy of note that the adults of the community considered the charges brought worthy of careful consideration, and that 150 selected representatives of the adult population worked as hard to gather evidence in refutation as the young folks did to prosecute their case. Encouraging, too, to the older generation is the fact that an impartial jury acquitted "Society" on nine of the sixteen counts of the indictment, with a disagreement on one count—that relating to inadequate sex education, incidentally—and a verdict of "guilty" on only six of the charges made.

Of greatest importance is the fact that the communities concerned, sentenced to a year's probation in which to make good, immediately started to remedy conditions proved. Among the activities set up is an Institute of Family Relations, which is being planned by the Council's Health Group to meet youth's charge that insufficient instruction for marriage and parenthood has been provided up till now.

All concerned with this project are to be congratulated not only on the conduct of a novel and effective effort at community analysis, but on the fine spirit shown by both young people and their elders in carrying it through, despite the controversial method, with unity of plan and purpose for a common objective.

SOCIAL HYGIENE LOSES VALUABLE FRIENDS

The past few months have seemed to be unusually fateful for the social hygiene movement, in that death has claimed a number of active workers who could ill be spared. The deep sympathy of all friends of the work goes out to the British Social Hygiene Council in the loss of its chairman, Sir Basil Blackett, who, at the age of fifty-three, was fatally injured in a motor crash last August. "One of the most respected and best known figures in the City of London," stated

the Associated Press dispatch, and it is difficult to see how his place can be filled.

Less unexpected, since he had been suffering from a heart ailment for several years, but not less regrettable, was the death of Bishop Walter T. Sumner, of Oregon, at the age of sixty-one, early in September. As one of the first vice-presidents of the American Social Hygiene Association, and as a board member of the Oregon Social Hygiene Society, he was ever to be counted upon for interest, advice and action. The death a few weeks later of Dr. Albert Pfeiffer, Director of the Social Hygiene Division of the New York State Board of Health, and associated with social hygiene efforts since World War days, after only a brief illness and at the age of fifty-three, came as another distinct shock. Finally, Mrs. Robert McEwen Schaufler of Kansas City, formerly president of the Kansas City Social Hygiene Society and a member of the board of directors of the national Association, only forty-seven years old, was fatally stricken during a stay in New York for rehearsals of her historical play *Parnell*.

Nothing that can be said or done at such times helps much, but it should afford some measure of gratification to those who were closest to these admirable persons that they have left their mark outside as well as inside the family circle, and that their memory with us is perpetual.

BACK TO FIRST PRINCIPLES

In the early days of its career the JOURNAL for some years was published as a quarterly magazine, its monthly appearance dating from 1923, when the *Social Hygiene Bulletin*, itself a monthly publication, merged with it. The present quarterly format, combining the three autumn numbers, is therefore no new thing either to the editors or to readers, unless they have become acquainted with the JOURNAL in recent years. No new experience, either, is the necessity for retrenchment of expenditures which prompted the Editorial Board to adopt this present economy measure, though the financial situation has seldom been quite so critical as now.

Taking all the factors into consideration, and contemplating

particularly the low ebb of funds, the Board decided that the interests of our members and subscribers could best be served by solving the JOURNAL publication problem in this way. We trust our efforts to save money and at the same time to provide adequate magazine service may be approved, and that no one will be seriously inconvenienced by failure to receive the regularly monthly issues. We hope to resume monthly publication some time during the coming year unless the members indicate their preference for a quarterly publication.

The Aim of Social Hygiene.—Social Hygiene . . . may be said to be a development, and even a transformation, of what was formerly known as Social Reform. In that transformation it has undergone two fundamental changes. In the first place, it is no longer merely an attempt to deal with the conditions under which life is lived, seeking to treat bad conditions as they occur, without going to their source, but it aims at prevention. It ceases to be simply a reforming of forms, and approaches in a comprehensive manner not only the conditions of life, but life itself. In the second place, its method is no longer haphazard, but organized and systematic, being based on a growing knowledge of those biological sciences which were scarcely in their infancy when the era of social reform began. Thus social hygiene is at once more radical and more scientific than the old conception of social reform. It is the inevitable method by which at a certain stage civilization is compelled to continue its own course, and to preserve, perhaps to elevate, the race.

HAVELOCK ELLIS in *The Task of Social Hygiene*.

NEWS AND ABSTRACTS

Health and the 1935 Mobilization for Human Needs.—The five months' health education campaign conducted by the National Health Council is producing results. With the slogan *Health Today and Tomorrow*, local health and welfare agencies are now sponsoring inquiries into community health conditions in more than 400 cities of the United States, the health facts revealed by these inquiries to be discussed at the close of the inquiries in Town Health Meetings, in which the interest and participation of the whole community is enlisted. This, the Council believes, will inevitably bring about increased knowledge and realization of local health conditions and attainable community health standards.

The 1935 Mobilization for Human Needs has expressed its appreciation of this effort on the part of the national health agencies to stimulate community cooperation in health activities, which without doubt is not only building a foundation for country-wide health education, but will also result in increased public support during the next year. As an index to the value of such projects it will be interesting, when the results of the mobilization now in progress are tabulated, to learn, if possible, to what extent the national health education program has influenced local contributors to provide for all of the health needs of their respective communities.

Meanwhile, we urge again that local social hygiene workers avail themselves of this opportunity for bringing community social hygiene conditions to the public notice. The Health Council has an excellent collection of materials and literature designed to interest the laity. The complete set, including *Health Facts*, a popular compilation of health statistics and statements (20 cents) the *Manual and Guide to Community Health Inquiry* with *Publicity Kit* also (20 cents) may be obtained from the Council at 50 West 50th Street, New York City.

And the Association's own publications and materials, of course, are always available for more specialized social hygiene programs and data.

National Council of Women Suggests Ways in Which Organized Women's Groups Can Help Solve Young People's Problems.—Adopting the report presented by Dr. Valeria H. Parker, Chairman of the Social Hygiene Committee, at its biennial meeting held in New York in October, the National Council of Women recorded its belief that organized women's groups could be of much help in the present dilemma of young people as regard problems of marriage and family relations. Among the remedies which can and should be promoted by women's organizations, according to the report, are:

1. Definite and continuous effort to secure the cooperation of parents, educational authorities and religious leaders in the adoption of recognized methods of sex education and preparation for social relationships and family life.
2. A new standard for marriage which will encourage partnerships in which the wife as well as the husband will contribute to the support of the home by continuing her vocation for a period. To be successful, this plan must presuppose the full cooperation of the husband in assisting with household tasks and of older members of the family in case of the advent of children.
3. Encouragement of the cooperation of parents so situated economically as to be able to subsidize the younger household, for a time, instead of forcing young lovers to live separately until they can carry their own support.
4. The establishment of centers for marriage counsel to which those about to marry may come for advice and in which those already married may secure assistance in the adjustment of marriage problems.
5. The stimulation of State support in promoting an increase of successful marriages through education, marriage advice centers and available literature instead of confining interest in marriage to routine licensing and recording.
6. Interest in organizing Family Relations Institutes under qualified leaders for the purpose of informing the general public and thus stimulating the interest of young and old in meeting the opportunities which lie in this field.

The report further stated: The bitter disappointment of young people who find few opportunities in the economic field is generally recognized. Governmental and other agencies are endeavoring to open more channels of opportunity. The economic situation, however, still seriously affects the possibility of marriage at a time when choosing a mate and establishing a home is deeply desired and is a natural human right. Love, however, will not be denied and various methods of meeting the situation are seized upon, some of them adding greatly to individual and social burdens. The past few years have witnessed an alarming number of secret marriages which eventually brought a young family to relatives or community agencies for support.

Influenced by false philosophies and witnessing the increase of easy divorce, some young people have come to believe in the failure of monogamous marriage and have been led into experimentation which has led, in turn, to the tragedies of hasty marriage, abortion, disease and illegitimacy. Disillusionment and disaster are all too common in the lives of boys and girls who have made unfortunate decisions through lack of knowledge of the values involved.

Jobs for Young People.—According to a recent census, there are in the United States twenty-two millions of young people between the ages of sixteen and twenty-five years. Of these it is estimated that five or six million are at present out of school and unemployed. Half a million have graduated from school, but have never been able to obtain jobs. About three million are said to have left school before finishing, but are without work. The remainder of the unemployed group it is assumed have completed their studies and perhaps held positions temporarily, before joining the ranks of unemployment.

These are staggering figures, considering their relation to the welfare of the nation's future citizens, and it is good news that fresh efforts are being made to deal with the situation, two new agencies having been established within the last few months for this purpose.

The Youth Commission, sponsored by the American Council of Education, approved by President Roosevelt, and financed by a grant of \$800,000 from the Rockefeller Foundation's General Education Board, will make a five-year study of youth problems, including a survey of all that is now being done for young people and an evaluation of the contribution of existing agencies. Newton D. Baker serves as temporary chairman of a group of fourteen outstanding men and women who comprise the Commission, Dr. Homer Price Rainey resigned his post as president of Bucknell University to become directing head of the study program, and Miriam Van Waters, well known delinquency expert, has been elected permanent secretary of the Commission. Headquarters of the new agency will be at 744 Jackson Place, Washington.

At the same time, the government's National Youth Administration, created by the President last June, and headed by Aubrey Williams, assistant director of the Federal Emergency Relief Administration, is considering how to expend wisely the \$50,000,000 which was allotted as necessary for youth needs during the next year.

At a recent public meeting of the New York Welfare Council Mr. Williams pronounced the problem bewildering, though some progress has been made. About 300,000 high school and college students are being helped to continue their studies, and it is planned to give employment to 200,000 or 250,000 young persons on Works Progress Administration projects for one-third time at one-third the local security wage, but this is far from meeting the needs of the millions of others who need employment. "They want jobs," said Mr. Williams, "the simple right to work and earn their own livings, but how provide these for unmarried young people when there are not jobs enough for men with family responsibilities? What use to train apprentices for trades when in many occupations a large percentage of qualified operatives are without work? Industry will not expand to include these young people in any time that can be foreseen at present. The only way out that I can see just now is public work for them, something for cultural expansion and increasing our natural resources, comparable to the Civilian Conservation Corps."

The Youth Administration is working through Youth Directors in each state, establishing youth centers for recreation and education, and youth forums for discussion.

Meanwhile the Youth Problems Committee of the United States Office of Education is working through State Departments of Education to utilize school facilities to the fullest advantages for unemployed youth. Fred J. Kelly is chairman of this committee, with Inez G. Richardson as executive secretary. The committee plans a number of practical bulletins and leaflets for publication during the fall and winter.

Social hygiene workers will hope that practical measures will be adopted by these groups to assist young people not only to find

employment, but to enable them to undertake marriage and the family life which in more prosperous times would be a natural part of their plans for the future; and should now be a part of such plans, if we were able to do what is clearly best for youth and for the nation.

New Frontiers for Recreation.—Focusing at one time and place the expression of the desire and determination in America for a better way of life, the Twenty-first National Recreation Congress, held in Chicago, September 30–October 4, under the auspices of the National Recreation Association, explored the new frontiers for recreation and found them rich in possibilities. In thirty-three discussion groups, seven general sessions, and numerous special meetings over 1,200 delegates from all parts of America critically surveyed the place of public recreation in our local and national life in the years ahead. A widely representative group of organized effort for recreation in America met together. Governors, mayors, officials of various departments of the federal government, superintendents of recreation and parks, staff members of national education-recreation agencies, leaders in music, drama, arts, crafts, sports, hobbies, authors, teachers, journalists and other thoughtful citizens were in attendance.

After five days of conference, study, analysis, seeing of demonstrations and exhibits, this group departed with a genuine conviction that public recreation has a substantial place in American life, and that the frontiers of this field of public service offer alluring prospects.

Among the interesting projects described by discussion leaders was a new solution of the problem of preventing juvenile delinquency and crime, worked out by the San Francisco Recreation Commission and other cooperating municipal agencies. "Directors-at-large" have been assigned to city areas where boy gangs and delinquency were worst, after a thorough though quiet investigation of conditions had been made. Among other things these workers discovered what the natural interests of the problem boys and girls were. The activities organized have been based on the existing interests of boys and girls, and a coordinating council in which the schools, the police, probation officers, and other city departments are represented assists in making the plan a success.

A feature of the Congress was the group of 33 booths containing exhibits of recreation in Chicago. Here groups from parks, playgrounds and recreation centers demonstrated a variety of recreation services. This putting of life into materials profoundly impressed the delegates, as did the visual demonstration of the high quality of the work being done in recreation centers in music, drama, arts and crafts, as well as sports, nature activities and other education-recreation activities.

Getting Rid of the Walkathon Nuisance.—States and communities wishing to rid themselves of the dance marathon's successor, the "walkathon," will learn with interest of the steps taken by social

agencies and interested individuals in the state of Michigan to secure the passage of a state law prohibiting such exhibitions. Presenting the personal sworn testimony of numerous contestants to back up their statements, those sponsoring the anti-walkathon legislation charged that

the walkathon is unfair to the contestants, never keeping the promises or agreements; it is detrimental to health; marriages are promoted to make money for walkathon promoters, ending in tragedy for the united parties; intimate and familiar conduct is encouraged between the contestants; money is obtained under false pretences; small children and even infants are in attendance until the early morning hours; vulgar jokes are told; misrepresentations are made concerning medical care given contestants; contestants are left stranded, penniless, and all the money made goes to the promoters; the \$1,000 prize advertised is never honestly divided.

One boy who had participated in twenty contests during the past five years testified that he had never come across an honest promoter. This boy was finally persuaded by a walkathon management to marry a girl in whom he had no interest, on promise that the marriage would afterward be annulled and that he would receive \$250. This pledge was not kept and the young man is still married and has been disowned by his parents because of this experience. He had kept on from one walkathon to another, hoping to get money due him, but had not succeeded, and at the time of his testimony was penniless. He stated that to his certain knowledge all walkathon weddings are worked up in the same way, with similar injustice to the contestants.

The prohibitory law, which passed both houses of the Michigan legislature and was signed by the governor on May 31, 1935, reads as follows:

MICHIGAN

ANTI WALKATHON BILL, PASSED BOTH HOUSES, SIGNED BY THE GOVERNOR
MAY 31, 1935.

SENATE ENROLLED ACT NO. 69

AN ACT to prohibit contests known as Walkathons, and similar endurance contests; to prescribe a penalty for the violation thereof, and to repeal act number sixty-five of the public acts of nineteen hundred and thirty-three.

THE PEOPLE OF THE STATE OF MICHIGAN:

Section 1. It shall be unlawful for any person, firm, or corporation to promote, conduct, or participate in any endurance contest known as a Walkathon or similar endurance contest.

Section 2. Any person, firm, or corporation violating the provisions of this act shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be punishable by a fine of not more than one hundred dollars, or imprisonment in the county jail for not more than ninety days, or both such fine and imprisonment, in the discretion of the court. Each violation shall constitute a separate and distinct offense.

The Welfare Guidance Bureau of Grand Rapids, numerous agencies such as the ministerial groups, the Allied Theaters of Michigan, and local chambers of commerce cooperating, sponsored the bill. Several states, including New York and Massachusetts, have enacted laws to

protect young people from this kind of exploitation and it is to be hoped that such legislation may become generally adopted. The Association will be glad to receive information from other localities as to efforts in this direction.

The Proportion of Civil Marriages.—"Evidence as to the proportion—of civil marriages in the United States is exceedingly fragmentary" writes Paul Popenoe in a recent communication. Richmond and Hall (*Marriage and the state*, p. 218, N. Y., 1929) cite incomplete records from 15 states, and conclude: 'It would be stating the present situation conservatively, we believe, to sum up the evidence gathered in this and other ways by estimating that, on the whole, not more than a quarter of the marriages celebrated in the United States are civil.' "

In order to test this, I had students collect the necessary information concerning 1,118 marriages. It turns out that the prediction of Miss Richmond and Mr. Hall is exceedingly accurate for Southern California, since 26 per cent of the marriages in this list were celebrated by a justice of the peace.

The husband's occupation was also tabulated, to see whether there was any marked tendency toward prevalence of civil marriages in certain social and economic strata. The data are segregated in the following table, in accordance with the classification used by F. W. Taussig and familiar to every student:

Husband's occupation	Married by		Total	Per cent of civil marriage
	Minister	Justice of the peace		
1. Professional.	296	74	370	20
2. Semi-professional and business..	287	78	365	21
3. Skilled labor.	109	47	156	30
4. Semi-skilled and partly skilled..	57	53	110	48
5. Unskilled.	76	41	117	35
	825	293	1118	26

The well-to-do, white collar classes have definitely more church weddings. They are probably more conservative and have more religious affiliations; and marriage is more of a social affair. The greater proportion of civil marriages in the lower economic levels may also be associated with racial culture, if some of these are immigrants who have had in their former homes a tradition of civil marriage.

Columbus' Crew Not Bearers of Syphilis.—Students of the history of syphilis will be interested to read *Christopher Columbus and the American Origin of Syphilis*, by R. C. Holcomb, Retired Navy Medical Corps Captain, which recently appeared in the United States Naval Medical Bulletin. (Volume 32, No. 4.) Disagreeing with the various writers who have attributed the European appearance of syphilis to an importation from America in the first voyage of Christopher Columbus, Captain Holcomb points out that for more than

a third of a century after the discovery of America there was no mention of Columbus in the texts discussing the origin of the disease, and that the association came about then from the fact that the holy wood, guaiacum, used as a remedy for syphilis, came from the new land, and superstition connected the specific with its object. The first writers on syphilis, it is stated, residing outside of Spain, confused the first voyage of Columbus with the voyage of Vasco da Gama to India, which was not completed until 1499, by which time all over Germany, Spain, Italy and France note was being taken of the disease. The earliest writers attributed the origin of the disease to the astrologic conjunction of planets which took place in 1483, 1484, 1487 and other years. Others claimed that it was an occult essence in the air. Not until 1525, in a letter of John Manard to the surgeon Michael Sanctannam, published at Venice, is the disease vaguely ascribed to the newly discovered countries.

"The theory of the American origin of syphilis belongs to a bygone age," says Captain Holcomb in concluding his researches. "It was built . . . by earnest philosophers, who were seeking to break away from the superstitious thralldom of astrology. As knowledge accumulates, such theories, though they often serve a valiant purpose, go into the discard in order to clear the route to further progress. Theories must adjust themselves to facts. The theory of the American origin . . . has no place in a modern conception of . . . the disease which we know today as syphilis."

Patient Infected with Syphilis Convicted of Perjury.—The Indiana Division of Public Health reports that the health officials of Evansville and Vanderburgh County, Indiana, are interested in enforcing the provisions of the marriage laws as a protection against the spread of disease. In a recent court case, the accused had, at the time of taking out a license to marry, sworn falsely that he was not infected with a venereal or transmissible disease. The state heard the testimony of Dr. Minor Miller, Director of the Evansville Public Health Venereal Disease Clinic, who stated that the man was a patient at the clinic and had been receiving anti-syphilitic treatment at that time. The defendant was fined \$500. Being unable to pay the fine he was remanded to the custody of the county sheriff to be transferred to the Indiana State Penal Farm.

The Prevention of Venereal Diseases.—L. W. Harrison. London, Lancet, 1934. I, 1021.

Since the days of Moses, public authorities have sought to prevent the spread of venereal disease and to control prostitution. Their efforts have consisted mainly in the expulsion or isolation of the diseased person from the community, and regulation with medical examination of prostitutes. Until 1916 little or no attempt appears to have been made to render the infectious person non-infectious except in Denmark and Sweden. The plan of treating the carrier was adopted by Denmark in 1778 and by Sweden in 1817 and is now the method of control on which most countries rely.

The regulation of prostitution is gradually being abandoned. Unless there is perfect control of the women, an adequate medical

staff, and ample provision of prophylactics on the premises, regulation is not likely to have any value. Theoretically both mechanical and chemical prophylaxis should provide protection against infection. Practically, however, neither is very efficacious. After 18 months' experience in the Army the author came to the conclusion that effective disinfection is not so simple as it had seemed. While it might eventually work in a disciplined community it is not likely to effect any reduction of venereal disease in such an undisciplined community as the civilian population. A careful study of statistics published from time to time by naval and military authorities has not served to alter this opinion.

In 1916 the Local Government Board (now incorporated in the Ministry of Health) started the venereal diseases scheme in England. The principle of this scheme is to stop the spread of venereal disease by bringing under treatment the greatest possible number of infected persons in the community, and keeping them under treatment until they become permanently non-infectious. There are now in England and Wales 186 treatment centers, 87 laboratories for the examination of specimens sent either by practitioners or centers, 13 hostels for housing girls with venereal disease who are temporarily homeless, and one home for patients with vulvovaginitis. Provision is also made for educating the public in the dangers of venereal disease and in the importance of seeking treatment early.

There has been a definite decrease in the incidence of syphilis, but no success can be claimed in reducing the incidence of gonorrhea. The reason for the reduction in the incidence of syphilis is that by modern treatment the patient can be made non-infectious quickly. With gonorrhea it is different because there is no specific remedy for it. Female patients with gonorrhea can be made non-infectious and kept so by daily treatment, and this appears to be the only means of reducing the incidence of the disease. The problem is to get more of the infected women under treatment. The author estimates that for every woman taking treatment for gonorrhea in any country there is at least one other not being treated at all. Until some means is devised of getting this group of infected persons under treatment there is little chance of making much impression on the incidence of gonorrhea.

The Diagnosis and Treatment of Syphilis Complicating Pregnancy.

—Norman H. Ingraham and James E. Kahler. *St. Louis, American Journal Obstetrics & Gynecology*, 1934. XXVII, 134.

This review summarizes the opinions expressed in 248 articles.

Latent syphilis in most pregnant women is difficult to detect. This means that the disease must be suspected in every case, for a healthy child cannot be expected if an active or even a quiescent infection is present. The incidence of syphilis among pregnant women in the clinics is usually between 5 and 10 per cent. It occurs probably less frequently among private patients but, because it is less often looked for, more cases are likely to escape detection. The presence

of a comparatively early untreated syphilitic infection increases the infant mortality rate to five times the accepted average.

Most authorities agree that syphilis runs a milder course in women than it does in men, but it has never been conclusively shown that pregnancy is the biologic agency responsible for this change. There is some evidence that the disease may be activated by the added strain upon the maternal organism during parturition.

When the history and physical examination of the expectant mother are completed, the presence of the disease in an infected woman should be suspected in most cases, but in no instance should the Wassermann test of the blood be omitted. Since patients with a longstanding infection and those inadequately treated may give birth to a syphilitic child even when the reaction is negative, every child born deserves the benefit of a study to rule out this disease. In addition to the usual procedures, examination of the umbilical cord blood is of value if all findings are properly interpreted; roentgenologic studies of the long bones are both reliable and valuable. It is wise to follow suspicious cases for some months at least.

The results obtained by early treatment of the syphilitic mother are scarcely paralleled in any other medical condition. An infected infant is seldom encountered if treatment has been commenced prior to the fourth month of pregnancy. Since the *treponema pallidum* does not traverse the placental barrier early and antisyphilitic drugs penetrate the membranes separating the maternal and fetal circulation with difficulty, the urgency of preventing infection of the fetus while there is time is evident. Once the microorganism has gained access to the fetal circulation, it is improbable that the fetus will be cured while still in the womb.

On the other hand, non-syphilitic children result with sufficient frequency, especially after adequate prenatal treatment, to make some feel that the infant should, in most cases, not be treated until the presence of the disease is demonstrated. This viewpoint is further strengthened when consideration is given to the prolonged course of active therapy with relatively toxic drugs that is necessary to insure a clinical cure of any syphilitic patient. Treating an infected child for a few weeks postnatally cannot be expected to eradicate this disease.

In general, the pregnant syphilitic woman can undergo the same type of treatment regime as can the non-pregnant but the technic of administration of the medication must be above reproach, and the dosage and type of drug gauged according to the condition of the patient. Too often, in the past, the blame for an unfortunate outcome has been placed upon the patient's lack of cooperation. In the present state of knowledge, the most careful diagnostician may fail to detect an occasional case, but these failures should be very rare indeed. It is to be hoped that in the future instances in which syphilis is not diagnosed in the pregnant woman or in her offspring

will be those few in which the disease escaped detection although every available method for revealing its presence had been employed.

A bibliography is given.

Effect of a Confidential Inquiry on the Recorded Mortality from Syphilis and Alcoholism.—A survey in the Westchester County health district. By Matthias Nicoll, Jr., and Marjorie T. Bellows. New York: American Journal of Public Health, 1934. XXIV, 813.

This survey had two purposes: (1) to ascertain the attitude of the physicians toward stating the exact and complete cause of death on any official record if a part of the record reflects on the character of the deceased, and (2) to determine if certain diseases are sufficiently underreported to justify setting up a system of confidential reporting. Syphilis and alcoholism were chosen for investigation as they are the two diseases most likely to be omitted from the report. From the 5,299 death certificates filed during a two year period the name, age, sex, date of death, and the primary and contributory causes of death were listed for each patient. A physician well known to the physicians of the county took to each of the 365 physicians who signed the original certificate a list of his deaths and asked him to state for each case whether to his knowledge syphilis or alcoholism had been an existent condition at the time of death, and whether if either condition had existed it was a primary or contributing cause of death. To protect the anonymity of the patient and the physician, the names of the decedents and the dates of death were detached and left with the physician.

The number of deaths in which syphilis, including tabes and general paralysis was given as a primary cause of death was increased from 40 to 79, a change of 97.5 per cent. Among the patients of private physicians the percentage of increase was 113 and among hospital patients 78.6. The number of males, among physicians' private patients who died from syphilis was increased from 17 to 33, and the number of females from 8 to 20. Syphilis as a primary or contributing cause of death was given in only 49.4 per cent of the cases in which it should have been certified. The cases in which it should have been included were: diseases of the heart, 11; nephritis, 5; cerebral hemorrhage, cerebral embolism and thrombosis, 4; cirrhosis of the liver, 3; pneumonia, 2; cancer, 2; pulmonary tuberculosis, 1; aneurysm, 4; other diseases of the circulatory system, 2; congenital debility, 3; all other causes, 4.

The great majority of the physicians were of the opinion that a system of confidential reporting would result in far greater accuracy

in the statement of causes of death than does the present official system.

Transmission Sequence of Syphilis.—William A. Brumfield and Dudley C. Smith. New York, American Journal Public Health, 1934. XIV, 576 p.

The authors present a method for the prevention of the transmission of syphilis which they have used for two years with their office and clinic patients. The method depends upon an investigation of every early case of syphilis that comes under observation for the purpose of ascertaining the identity of the person from whom the patient acquired the disease, and the identity of other persons exposed to the same source or to the patient since infection. The next step is to persuade as many as possible of these exposed persons to seek medical advice. Figures are given to show how successfully the authors have been with this plan. They have found that it is practical to trace sources of infection and exposures in syphilis. Persistence and tact are necessary but a large majority of new patients will volunteer the necessary information and the follow-up may be carried out with the infrequent aid of law enforcement. Immediate follow-up by means of letters and personal communications is sufficient to increase greatly the proportion of exposed persons brought under treatment in the early stage of the disease.

A National Organization for the Health of Negro Students.—In October, 1934, the Negro colleges formed an organization to be known as the National Negro Student Health Association, which will cooperate closely with the American Student Health Association. The purpose of the new organization is to raise the standards of student health service in Negro colleges, to develop further the progress already made in health matters in Negro institutions and to afford better cooperation to established health agencies desiring to reach these colleges. The Association has several committees, dealing with tuberculosis, syphilis, sight conversation, health education and standards of student health services. A study is now being completed regarding the latter subject, under the direction of Dr. Paul B. Cornelly of Howard University. The Association is also conducting a widespread tuberculosis case-finding program in Negro colleges, with the cooperation of Negro school physicians.

The officers of the new Association are as follows: President, Dr. John Hope, president of Atlanta University; vice-president, Dr. Paul B. Cornelly, Howard University; Secretary, Franklin O. Nichols. The Association will hold its first regional conference on student health problems in the spring of 1936.

Growing Interest in the Family and Social Hygiene.—A trip of more than five weeks' duration touching ten different states, convinced Dr. L. Foster Wood, Secretary of the Federal Council of Churches' Committee on Marriage and the Home, that the interest

in education for marriage and family life, and in social hygiene generally continues to grow. The field covered had to do largely with churches and religious groups in state and regional conventions, ministerial associations and lay groups, although some colleges, high schools, Young Men's and Young Women's Christian Associations and groups of social workers were contacted.

Ministers are increasingly taking a serious interest in safeguarding marriages by laying foundations of better understanding of home building in the young people who come under the influence of their program; more particularly they are showing a great interest in pre-marital counselling through a more careful check-up of couples who apply for marriage, and in post-marital follow-up.

The field of personal counselling of individuals who need help in meeting some of their family problems is one in which the minister, as the individual, who in most communities unites a majority of couples has a particular place. Ministers increasingly are encouraging couples whom they marry to think of the pastor as a friend and counsellor in case of need. They are also studying ways of keeping in closer contact with the homes which they helped to set up.

Possibly the most hopeful field of all at the present time, in reference to better pre-marital counselling and family consultation service, is in theological seminaries. During the trip referred to, about a dozen seminaries were visited, among them some of the largest and best known in the country. Increasingly the young ministers trained in theological institutions are encouraged to emphasize education for marriage and family life, and to assist parents and teachers in a wholesome sex education program for youth. Furthermore courses are given in an increasing number of seminaries on personality development and individual adjustments. A questionnaire put out by the Committee on Marriage and the Home bears this out, and shows especially that theological students are given some training in the field of pre-marital and post-marital counselling.

Colleges give an eager hearing when one discusses such questions as *What the college man and woman ought to know about marriage*. A vivid memory remains of a visit to one college in which the students crowded the room in which that topic was discussed, many of them remaining to ask personal questions after the address and general discussion period were over. This happened repeatedly in meeting groups of college students.

High school students gave a good hearing to the subject. *You and Your Date*. Young people's relationships were discussed in general terms, with recognition of the importance of the problem of sex, and an appeal for a better understanding in this field. There was no attempt made in these mixed groups to impart any particular sex information. After three meetings in one institution,

the principal and his assistant called up to indicate their special appreciation.

Naturally on such a trip many meetings were held with groups of religious educators and lay folk in the churches. These people are greatly interested in books and pamphlets that will help interpret marriage and family life in terms of idealism, common sense, and a scientific approach. Religious educators and social workers are much interested in the question, what is their particular place in the task of sex education. It was suggested to them that although they may at times find it necessary to substitute for parents who have neglected this duty, in the main their part is to counsel, encourage and implement parents for this task which is best done in the natural setting of home and family life.

A memorable meeting was held with the Social Hygiene Council of Toledo, in which a number of leading people in that city are vitally interested. Headed now by Professor W. E. McClure, of the University of Toledo, it was previously under the presidency of Rev. Harlan M. Frost, who is Executive Secretary of the Toledo Council of Churches.

There were other outstanding meetings with leaders in the social field in Cleveland, Chicago and Seranton. One of the most encouraging features of the whole trip was that every meeting indicated an interest in books and pamphlets which are helpful in the various parts of this field. As usual, the literature of the American Social Hygiene Association was displayed and recommended along with other publications.

Syphilis in Samoa.—A letter from the Public Health Officer of American Samoa, Dr. C. S. Stephenson, Commander (Medical Corps) U. S. Navy, gives interesting information on one of his important health problems. He states that yaws, which he designates as Y-syphilis, is rampant in the islands of the South Pacific including Samoa. Unfortunately the Samoan people do not appreciate the gravity of the situation. The doctor says that the statement of the text books that two doses of neo-arsphenamine will effect a cure is dangerously misleading. His experience is that an average of five doses are needed to heal the open lesions alone. It is found that in 12 per cent of the people who have had treatment the blood test (Kahn) remains one, two or three plus positive.

Dr. Stephenson has organized a vigorous campaign against yaws. Blood tests of all patients are planned. Of those whose blood has been examined 36 per cent have been found positive. The highest number of treatments given in any previous year is 3,500. During a six months' period nearly 12,000 doses of neo-arsphenamine were administered. It will be of interest to follow the results of this aggressive campaign.

NEWS FROM OTHER COUNTRIES

Africa.—Dr. C. K. O'Malley, secretary of the Capetown Society for Combating Venereal Disease, sends us the following interesting report of recent activities:

In order to appreciate fully the problem which confronts us a few details concerning the city and its population might be helpful. The population is a mixed one, *i.e.*, there are 144,865 Europeans of both British and Dutch extraction and 141,843 non-Europeans; the non-Europeans comprise a large proportion of Cape Coloured—a bastard offshoot, a small number of indigenous natives and a fair admixture of Asiatics (Indians and Malays). The incidence rate of venereal disease is fairly high—14.4 per 1,000; the figure is based only on those cases which attend the Council's free treatment centers. In reality it is probably 25 per cent higher at least. The following table taken from the last annual report of the City of Capetown gives an analysis of the new cases of venereal disease for the year concerned:

<i>Sex</i>		<i>Race</i>		<i>Disease</i>	
Males.	2,056	European.	1,036	Syphilis.	1,519 *
Females.	1,370	Coloured.	2,390	Gonorrhea	926
	<hr/> 3,426		<hr/> 3,426	Other Conditions. .	981
					<hr/> 3,426

* Including 67 cases also suffering from Gonorrhea.

Our society is not engaged on any other social work and we confine our efforts solely to combating venereal disease. There are of course other bodies functioning in Capetown; *e.g.*, The Child Life Protection Society, Care Committee for Tuberculous Patients, etc., etc. But with these societies we have no actual point of contact. Our chief policy and the mainstay of our efforts is the exhibition of films to separate audiences. A medical address usually precedes the showing of the film and the attendance is quite good. There is no charge for admission of course but we usually take enough in small donations to cover the cost of showing the films.

We have recently imported a "talkie" film entitled *Trial for Marriage* which all who have seen it consider an excellent medium of propaganda. All our efforts to secure a copy of *Damaged Lives* have come to nothing. Our society is too small and such a large proportion of the population is illiterate that propaganda by the printed word does not hold out the same prospect of success as in other cities. There are two official languages in the Union of South Africa, English and Afrikaans and besides these are the native languages. This state of affairs adds to our difficulties. But we do receive official encouragement and indeed financial assistance both from the Government and local authorities. In addition we are

affiliated to the British Social Hygiene Council who give us every assistance.

Africa.—Uganda has led the whole of Africa, if not the world, in native maternity work, the result of those pioneers, Sir Albert and Lady Cook. Dr. A. T. Schofield who worked in Uganda ten years, much of the time as a direct colleague of this pair, presented a most interesting paper on *Precautions in Training and Placing Native Midwives*, at the Imperial Social Hygiene Congress in London. The following is an abstract:

Sir Albert and Lady Cook first went to Uganda in 1896 and opened the first hospital in East Africa—the Missionary Hospital of the Church Missionary Society. It has promoted work not only *for* the natives but *by* the natives. It has trained native midwives, certified by government examination, and working in village hospitals in their own countries. By 1912 Mengo Hospital itself had grown into a full-scale medical work, equipped as all modern hospitals are.

The natives were found to be dwindling in numbers, largely through venereal diseases. These diseases had been introduced into the Protectorate, possibly by the Arabs, as late as the last half of last century. In 1912 the Government appointed a small venereal disease commission and a campaign was commenced by the building of a few treatment centers. The work was interrupted by the Great War.

In 1917 six native girls began a course of training as midwives in the maternity ward of the hospital, and another class of seven young men began a three year course of training as medical assistants.

The following statistics, carefully kept at Mengo Hospital, show the serious position:

1. Two out of every three Baganda mothers have had syphilis.
2. The ante-natal mortality, *i.e.*, the number of miscarriages or still-births, is 67 per cent in pregnant women suffering from syphilis.
3. Child deaths under 12 months old in Uganda amount to 33 per cent.
4. In the seven years 1914–1920 the vital statistics of the Kingdom of Baganda alone show a total of 67,999 births, 93,035 deaths.

In 1923 the Lady Coryndon Maternity Training School was opened, named after the wife of the Governor of the Protectorate who had raised the money for it. At the same time a Government Central Midwives' Board was established to conduct a recognized examination and to make the necessary regulations. The Government also gave a small grant-in-aid, which has been continued to the present time. From this example other African Governments have started similar work.

Mengo Hospital began opening village centers in 1919. First a temporary place of mud and wattles was built by the local chief and his people, the hospital providing equipment, beds and staff. If

successfully supported by the people, a proper brick building roofed with iron was planned. A full village center consists of a Maternity and Child Welfare Center with a Lying-in Hospital of twelve beds, and a Dispensary and small men's ward. When fully established most of these centers are self-supporting, apart from cost of European supervision.

No poor person is ever refused treatment, but large numbers of patients cheerfully pay the small sums asked of them and often bring a few shillings as a gift.

Thus with monetary help from the government there have been trained and placed some seventy native midwives in twenty-four village hospitals most of which are not in European stations.

The position has been won, and the respect of all gained with comparatively little trouble of a moral kind. At the outset Lady Cook met vigorous opposition at the very idea of young African women working on their own. Various forms of guardianship have been discussed. The doctor believes there should be none, that the girls are best left alone. He sums up their experience in keeping young midwives "straight" as follows:

1. The so-called "safeguards" prove of little value.
2. Public opinion of the country must be fostered.
3. The standard of entrance for training must be high and the qualifying examination as high as possible.
4. The standing of the midwives must be upheld.
5. Training should be in a Missionary Hospital by specially selected nurses who will train in character as well as skill.
6. A robust Christian faith is necessary for the girls and a high ideal of service.
7. The girls should be located in pairs, a senior and a junior, even when there seems not to be enough work for two.
8. The midwives should be very well paid.
9. Regular supervisory visits.

Barbados.—The Women's Social Welfare League, in reporting on its fourteenth year of work, states the new venereal disease clinic building has been completed and handed over to the hospital authorities, as originally agreed to by the Government and the League. The Venereal Disease Board at the final meeting of the special committee in charge of this project, passed a resolution in appreciation of "the public spirited action of the League in initiating the clinic at the General Hospital many years ago" and thanking the organization for "the important contribution to the social services of the island." During the half-year ending September 30, 1934, 1,109 persons (540 new cases) were treated at the syphilis clinic, and 601 (451 new cases) were treated for gonorrhea. Nineteen persons were treated for other venereal diseases, making a grand total of 1,729 persons under treatment in the six months. Of these 831 were men and 898 women patients. The total number of treatments given was 13,887.

Lady O'Brien is patroness of the League, Mrs. E. H. Bannister is president, and Mrs. E. M. Shilstone, secretary.

China.—S. A. C. Herklats, The University, Hong Kong, presented the following interesting statement regarding *The Teaching of Biology in Hong Kong*, in a paper given before the Imperial Social Hygiene Congress in London.

Schools

At present botany is taught in very few schools in the Colony. In Central British School, for British pupils, it is taught up to the standard of the Cambridge School Certificate. In Queen's College and King's College, the largest Government schools for Chinese boys, botany is included. In St. Stephen's Girls' College, not a Government school, botany is taught. The examinations are conducted by the University, and teaching in the schools and examinations are conducted in English.

Three factors fundamental in future development are: (1) *The inauguration of classes.* The school syllabus is full, and if botany or biology is to be included, it must be at the expense of some other subject. The key to unlock the closed curriculum is "the appreciation by the educational authorities of the fact that some knowledge of life is an essential in the education of the youth of this generation." (2) *The supply of teachers.* It would be possible to recruit graduates from England trained in the necessary subjects. Alternatively, these subjects might be entrusted to Chinese graduates from the local University. Should botany or biology be taught more fully in the future, a supply of locally-trained Chinese graduates will be available. (3) *The supply of books suitable for teachers and pupils.* Suitable text books are the biggest problem. Books written for use in England or America are not entirely suitable because the fauna and flora of South China are so different. Text books need to be prepared expressly for the purpose. An alternative proposition is to choose for Part A of a book, parts of existing books suitable throughout the world, or preferably a part especially written for the tropics and sub-tropics. Part B could consist of an appendix written locally to suit local conditions. More than one book would be required.

The University

(1) *Teaching.* The majority of the students attending biology classes are pre-medical students. In addition there are, on the average, four students each year who study biology for one year as a subject for a B.A. degree; on the average, half of these take a second year's course. These students become teachers in the Government schools. (2) *Examinations.* In botany the standard aimed at is that of similar British examinations. (3) *Research.* No research in biology has as yet been attempted by graduates of the University. The research work by the staff and the publications of the Department have almost entirely dealt with systematic botany and zoology. An attempt is being made to carry out an extensive floristic and faunistic survey of the land and waters of the Colony. China is awakening to the needs of a knowledge of Biological Sciences, if not in her schools, certainly in her Universities.

successfully supported by the people, a proper brick building roofed with iron was planned. A full village center consists of a Maternity and Child Welfare Center with a Lying-in Hospital of twelve beds, and a Dispensary and small men's ward. When fully established most of these centers are self-supporting, apart from cost of European supervision.

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Three factors fundamental in future development are: (1) *The inauguration of classes.* The school syllabus is full, and if botany or biology is to be included, it must be at the expense of some other subject. The key to unlock the closed curriculum is "the appreciation by the educational authorities of the fact that some knowledge of life is an essential in the education of the youth of this generation." (2) *The supply of teachers.* It would be possible to recruit graduates from England trained in the necessary subjects. Alternatively, these subjects might be entrusted to Chinese graduates from the local University. Should botany or biology be taught more fully in the future, a supply of locally-trained Chinese graduates will be available. (3) *The supply of books suitable for teachers and pupils.* Suitable text books are the biggest problem. Books written for use in England or America are not entirely suitable because the fauna and flora of South China are so different. Text books need to be prepared expressly for the purpose. An alternative proposition is to choose for Part A of a book, parts of existing books suitable throughout the world, or preferably a part especially written for the tropics and sub-tropics. Part B could consist of an appendix written locally to suit local conditions. More than one book would be required.

The University

(1) *Teaching.* The majority of the students attending biology classes are pre-medical students. In addition there are, on the average, four students each year who study biology for one year as a subject for a B.A. degree; on the average, half of these take a second year's course. These students become teachers in the Government schools. (2) *Examinations.* In botany the standard aimed at is that of similar British examinations. (3) *Research.* No research in biology has as yet been attempted by graduates of the University. The research work by the staff and the publications of the Department have almost entirely dealt with systematic botany and zoology. An attempt is being made to carry out an extensive floristic and faunistic survey of the land and waters of the Colony. China is awakening to the needs of a knowledge of Biological Sciences, if not in her schools, certainly in her Universities.

England.—The Association for Moral and Social Hygiene, being the British branch of the International Abolitionist Federation, in issuing the report of its sixty-fourth consecutive year of work, claims the honor of being the oldest society in the world dealing with the problems of prostitution, methods of dealing with venereal disease, and traffic in women and children. It was founded in 1870 under the personal direction of Josephine Butler, pioneer in social hygiene. Its program is concerned mainly with promoting the acceptance both in law and custom of a high and equal standard of sex morality for men and women, in work for the better protection of minors and against all forms of commercial exploitation of vice. The society also acts as an information and research bureau for British social workers and for other organizations in matters within its field, and maintains a reference library.

During the year 1934 as covered by this report, the society has pressed forward with efforts to secure repeal of certain laws relating to prostitution and has urged the adoption of legislation more favorable to the rehabilitation of women prostitutes and has studied other laws relating to sexual offenses; has participated in numerous meetings of social hygiene subjects; has published the three regular issues of the *Shield*, its official magazine; and has distributed literature to nearly every part of the world. The usual series of lectures, for which funds are contributed by Sir Samuel Scott, have been given to men in the universities, surveying present prostitution conditions. Work has been conducted by field workers in India and Syria. Among the recent publications of the society is the leaflet *Are Moral Standards Necessary* (price 4d., postfree 5d) by Alison Neilans, general secretary, which is issued as part of the work "to consider what steps can be taken to secure the loyal adherence of young people to a high and equal moral standard, and in particular to study how the reasons for good morals and good citizenship may best be presented to them." This and other publications may be secured from the Association at Livingstone House, Broadway, Westminster, London, S.W. 1.

Japan.—First-hand news from the Far East reached us this summer through the visits of two active social hygiene workers who were spending some time in the United States. Madame Ochimi Kubushiro, General Secretary of the W.C.T.U. in Japan, and President of the Japanese Y.W.C.A., was gathering information particularly regarding methods used in this country for repressing prostitution and rehabilitating sex delinquents, in anticipation of the expected abolition, in the near future, of the licensing of prostitution in Japan. Educated at the Presbyterian Girls School in Tokio, still her home, and later a student at Pacific Theological Seminary in California, Madame Kubushiro has a broad view of the social needs of her native country, and has given the whole of her busy life to work for the benefit of Japanese women and girls. Keen, energetic and seemingly tireless, in spite of her diminutive size, she packed her days in New York, Washington, Boston and other cities to the

brim with getting and giving social hygiene information and observing American activities, including a few days at the National Conference of Social Work in Montreal in June, where she was one of the featured visitors.

Mr. E. C. Hennigar, representative in Japan of the United Church of Canada, also paid a visit to national headquarters during the summer. Like Madame Kubushiro, he is much interested in measures to be taken following the abolition of licensed prostitution in Japan. Among the steps proposed are: Organization of a Government-citizens' cooperative body; revision of present laws and passage of new laws punishing those having anything to do with the business of prostitution, including owners of buildings used for such purposes; establishment of rehabilitation activities for women who have been prostitutes under the tolerated system; education regarding family life and concerning venereal diseases, and establishment of free clinics for treatment of these diseases.

Mr. Hennigar left at the national office a copy of the *Japan Christian Quarterly* (Vol. X, No. 1) containing a most interesting article on *Rural Depression and the Traffic in Women*, by Kazuya Matsumiya, executive secretary of the School of Japanese, which describes the custom of selling young girls in order to help fill the family purse. The same number of the Quarterly contains an article *Needs and Problems of Young Married People*, by Mrs. Genevieve D. Olds, whose occasional letters from Japan JOURNAL readers will recall, and who is now in this country on furlough.

New South Wales.—The Racial Hygiene Association of New South Wales, with headquarters at 14 Martin Place, Sydney, reports that the past year has been brighter and more successful than any in the nine years of the organization's existence. The subsidy formerly provided by the Association's support which was for a time cut off, has been restored, and the showing of the talking film *Damaged Lives* has done much to stimulate public interest in social hygiene work, as well as to persuade persons infected with syphilis to take up treatment. The film was shown extensively in Sydney, Melbourne, Adelaide and Brisbane, and in rural areas of Queensland, and met with great acclaim. Pamphlets were sold in connection with the showings and have provided an additional means of income as well as increased public knowledge on social hygiene matters.

The Association has continued to work with the venereal diseases clinic operated by the Board of Health, and has referred many cases, both men and women, there during the year. Some study has been made of the need for sterilization, and for birth control clinics.

The society's president is Mr. Alfred Rainbow, and Governor and Lady Hore-Ruthven act as Patrons. Mrs. Lillie E. Goodisson has been general secretary of the organization since its establishment. The official report from which the above items are abstracted was presented by Mrs. Goodisson on the occasion of the annual meeting, held at Sydney in July.

Sweden.—*Health News*, weekly bulletin of the New York State Department of Health, publishes in its October 28th issue, an interesting summary of Dr. Einar Rietz' paper on *The Prevention of Venereal Diseases in Sweden*. The complete paper, which was one of the outstanding addresses given at the recent meetings of the American Public Health Association in Milwaukee, will appear in the January number of the *American Journal of Public Health*. Dr. Rietz, who is health officer of the city of Stockholm, has been spending some time in this country.

Syphilis has become a rare disease in Sweden through application of the principles of venereal disease control first embraced in comprehensive legislation in 1919. These were outlined as follows:

1. Compulsory treatment of infected persons
2. Free medical care, free medicine and free hospital care
3. Notification of cases without the name
4. Notification of sources to one health officer in each county or city
5. Certain compulsory measures against persons who are sources or may have discontinued treatment
6. Persons suffering from venereal disease in an infectious stage prohibited from marrying or transmitting infection
7. Cost of venereal disease control borne by the central government.

The right to treatment is accorded as long as the disease is in the infectious stage. Costs are paid by the state and treatment is given by district physicians or, in cities with more than twenty thousand inhabitants, in clinics. Notification of and search for sources bring about two-thirds of reported sources under treatment. Search for patients who have ceased treatment, without permission from the physician, gives the same result.

Since 1919, syphilis has decreased from 6,000 new cases in a year to about 431; gonorrhea only to half of its previous figure. Thus it is seen that syphilis has become a rare disease in Sweden. In Denmark and Norway, likewise, active measures against the venereal diseases are being conducted with comparable results.

This work in Sweden has attained such success that the cost of the control measures is only one-half that of a decade ago. The fact that syphilis in reality has become a rare disease is indicated by the continued relatively high recorded prevalence of gonorrhea. In the medical schools great difficulty is experienced in finding a sufficient number of fresh cases of syphilis for clinical instruction.

Dr. Rietz stated that the difficulties in carrying out the legislation have not been great and that the results demonstrate that syphilis can be greatly reduced through application of the fundamentals of epidemiology, medicine and public health administration.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

THE NATURAL BASIS FOR MONOGAMY

JOURNAL readers will recall Dr. Henry Neumann's review of René Guyon's book *The Ethics of Sexual Acts*, published in the June issue, in which he questioned the soundness of M. Guyon's theories as therein expressed. Another of our correspondents, Professor Alexander Forbes, of Harvard Medical School, sends us further comments, written, he states "at the request of a clergyman who desired a scientific rejoinder to the Guyon arguments. The form of a letter is still retained, although the discussion has been somewhat amplified since it was first written in May, 1934."

Dear :

At your suggestion I am trying my hand at a rejoinder to the contentions of Guyon. His argument lays especial stress on the distinction between sexual sense and reproductive function; he stresses this distinction to the point of implying almost that they are unrelated to one another. This is about as reasonable as to argue that because the sense of taste can be separated from the function of nutrition, there is no fundamental relation between the two. His logic seems traceable to his desire to have it so.

In reality I think the analogy between reproduction and nutrition, as regards the relation of desire to function, is a fair one, and in some points very close. It is quite evident that the sense of taste (meaning the combination of the true taste sense and the olfactory sense, which works with it) is an essential part of the whole mechanism of nutrition. It clearly operates to attract all the higher animals toward the food supply, and it further serves to promote the process of digestion, thereby aiding the cause of nutrition. The fact that the two things can be artificially separated, as in the case of palatable but unwholesome candy or in the supplying of nourishment by stomach tube, doesn't alter the cardinal principle whereby our primitive desire for palatable food leads us to supply our material needs.

Similarly the attraction between the sexes is obviously the great motivating force in nature, which perpetuates species, and no process of analysis can rob it of that essential significance. Much that may be called artificial in civilized life has led to all sorts of misunder-

standings in regard to this simple truth. "Taboos," either religious or perhaps inherent in the complexity of social relations, have caused most people to take a warped view of the phenomena of sex attraction. I think the common use of the word "sex" as pertaining only to the physical or carnal aspect of sex life is narrow and makes for confusion; the word "sex" should rather be used to denote everything related even remotely to reproduction. In this sense it includes the maternal and home-making functions; it appears in the small child's interest in dolls; it is evident in the first blooming of chivalry in a boy when he feels the impulse to protect a girl from harm. It runs through the entire organization of social functions—dinner parties, dances, receptions—all the most decorous occasions designed to promote acquaintance between the sexes. The phrase which often appears in the writings of sociologists, "the sex aspect of marriage," strikes me as ludicrous, since when "sex" is properly understood it embraces *all* aspects of marriage. The distinction should be made between the higher and lower aspects, or the spiritual and physical aspects, but even here any sharp line of demarkation is unnatural, since spiritual and physical should merge into a perfect whole. Freud did a great service in bringing out this truer conception of the meaning of sex, and much of the abuse that has been heaped on him has been due to a stupid failure to grasp his meaning, and an insistence on the supposition that when he emphasizes the extent to which sex pervades life's problems, he is imputing coarseness and filth to relations which are on a refined and spiritual plane. I have not read much of Freud, and I should probably disagree with a good deal that he says, but I have little doubt that if people would honestly grasp his real meaning, they would find far more impropriety in their present reaction to him than in his doctrines.

I believe a good formula for the adolescent is this: You can build your own code of sex ethics upon two fairly simple propositions:

(1) The attraction between the sexes is a natural, inevitable and very vital force in nature's plan for perpetuating life. To insure man's survival, this force must be powerful and compelling, and since it is natural and necessary, it must be reckoned with as a normal part of you, and never as a thing to be ashamed of. Many teachings of older generations on that point were foul and mischievous, and we are well rid of them. (2) It is almost equally obvious that in the case of human beings, in which the development of far more intricate faculties than those of lower animals necessitates a prolonged infancy, nature must provide some arrangement for the protection of the young during this infancy. The normal provision is through permanent mating and home building, and to insure the stability of this system and to prevent the promiscuous production of babies without provision for their bringing up, nature must provide a balancing force to regulate reproduction and limit it to orderly channels. To this end was evolved the sense of chastity, or caution in surrendering to the sex attraction without some guarantee of permanence, and with it the feelings of jealousy, actual or potential, as a large element in the mating instinct.

The youth of today may reply to the latter proposition that contraceptives have changed all this, and pleasure can now be emancipated from the fetters which in our blessed enlightenment we have rendered superfluous; that by the same token, jealousy has become an archaic instinct, away from which people of today should be educated as rapidly as possible. This brings us to the question, if a perfectly safe and satisfactory contraceptive is available, does there remain any valid reason for insistence on monogamous relations, or are the remaining reasons merely matters of outworn and therefore invalid traditions?

The answer is to be found in the following considerations. In spite of all the artificial separations and distinctions that can be drawn between sex instinct and reproductive function by Guyon's reasoning, reinforced by modern contraceptives, the cardinal fact remains, and always will remain, that the instinct is a vital and necessary part of the whole process of reproduction. The desire and its satisfaction are necessarily associated intimately with the important and serious business of creating new human lives. When you consider what a momentous thing it is to bring a new life into being, and through this new life a new and widening stream of progeny which may modify posterity for all time, it brings home the realization that if any act we perform is to be treated with respect and endowed with sanctity, it is this. To conclude, as some do, that only in the actual quest for progeny are sexual relations justified, is to misunderstand the generous fertility of nature, which produces an excess of everything to insure an adequate supply; and such asceticism is not essential to the argument. In any case, the sanctity of the relation which initiates new life is so profound that it cannot be debased into a casual and promiscuous source of ephemeral pleasure without violating a deep-rooted biological law.

The libertine will say that in this I am arbitrarily setting myself up as dictator of biological law, but I can back it up with plenty of evidence and well known facts of human nature. The propensity to fall in love is almost as universal as the propensity for physical desire. Even those, if there be such, who go through life without this experience, can in almost every case be thrilled by a well-told love story—witness the enormous hold on virtually the entire community of this time-honored theme, as revealed in the endless stream of fiction lavishly poured out by writers, and always finding readers from every walk of life. However inconstant people are in actual life, what make the strongest appeal to them is the picture of a love which jealously demands exclusive possession on an enduring basis. The more permanent the mating, the more deeply and powerfully it appeals to the reader, and I feel sure this applies to a large majority of readers. Certainly jealous resentment at any interference with exclusive possession is so familiar a phenomenon in real life, and in fiction based on sympathetic interpretation of real life, that it is reasonable to look on it as a normal human reaction, rather than a result of faulty education or religious taboo. The tragedies

resulting from jealousy, almost daily reported in the newspapers, are so grim and so real that they speak eloquently of an instinct too firmly implanted to be eliminated by a change in moral fashions. This means that the instinct for monogamous mating is deep-rooted in normal man—an essential element in nature's scheme for the proper rearing of children.

To argue that insistence on the close relation between desire and the biological function of reproduction is academic, on the ground that in marital relations the primary motive is pleasure rather than children, and to argue further that because of this fact the separation between sense and function should be complete, and pleasure should be freed from monogamous bonds, is fallacious in that it demands consciousness of the relation of means to ends as a criterion of the reality of that relation. The fact that we do not consciously analyse our needs for proteins and vitamins as we select our food at table doesn't mean that eating should be done purely for pleasure and should have no relation to nutritional needs. Permanent mating best serves the needs of child-rearing, and to meet that need the longing for the permanent mate is planted in us as the deepest longing in our lives. An accessory to the establishment of the stable family is the normal hostility to intrusion, *i.e.*, jealousy. Any doctrine which tends to interfere with the completeness and exclusiveness of this mating process is a blow to the social structure—organization by families—on whose stability the next generation depends.

Some young people say that in this enlightened age a sensible girl recognizes that a man with previous training by an adept will be better fitted to make a good partner than an ignoramus, and that she would therefore prefer to marry a man with previous sex experience than one without. I don't believe it. The girls who take that attitude are fooling themselves and putting on a sort of bravado whereby they suppress their normal desire for exclusive possession—and past acts intrude on that almost as much as present ones. The suppressed jealousy will later find an outlet in distrust and in a lack of that stability which marks the perfect marriage.

It has been argued that polygamy and the double standard have worked well in certain countries. That depends on what is meant by "worked." In the harems of countries in which women are just so much property, peace may have been maintained on a basis of virtual slavery, but it is hardly conceivable that such a harem could afford happiness comparable with that of the monogamous family at its best. The double standard may be pleasing to self-indulgent men, but are the wives really happy under the divided allegiance of their husbands? If so, it would seem to follow that the anguish of jealousy which breaks out so frequently in murders and suicides is unnatural and artificial. No, it is much easier to believe that this is elemental, and that submission to the double standard is forced and unnatural.

I have been accused of confusing biology and ethics in trying to put my ethical argument on a biological basis. My answer is that

ethics must have a biological foundation in order to be valid and stable. The Ten Commandments are sound and valid today, not because of their traditional authority, but because they are based on fundamental natural law, which does not change. To a biologist, precedent is only an indication which may or may not be of permanent significance; the doctrine which is to endure must have a meaning that can be explained as the consequence of a basic law of nature.

IS CHASTITY STILL A REQUIREMENT?

In recent years the hue and cry has been that there is a decided let-down in the morals of young people. The younger generation is believed by many to have no regard for the "solid virtues of character" once considered all essential as a foundation for self-respecting citizenship and sound family life, and particularly has the theory been advanced that they consider chastity as an outworn convention. The statement has been made publicly that nine out of ten young men do not care whether or not the girls they marry are without previous sexual experience. In view of this rather depressing assumption, it is reassuring to receive testimony to the contrary. A social hygiene secretary writes us as follows:

During the summer I had occasion to speak at a CCC camp where there were about 250 young fellows, largely the rough and ready kind, with no particularly high standards of sex morality. They were the kind of chaps who were shipping clerks and assistants to truck drivers, with no skilled occupations. I first addressed a general meeting, speaking and answering questions for about two and a half hours. The "lid was off" so far as the questions were concerned. After that, for nearly two hours I held private conferences in the Captain's tent. One of the questions put to each of those whom I saw privately concerned their attitude as to the virginity of his future wife. Often emphasizing their remarks with oaths, each one insisted that he would not marry a girl unless she was chaste. That the so-called better educated young men have other standards I seriously doubt. In my lectures to college students, one of the outstanding questions is "How can a man tell whether the girl he marries is a virgin?," indicating that this is a point considered important by this type of young man as well.

The *Forum* will be glad to receive comments from other readers on this question.

CURRENT PUBLICATIONS AND CORRESPONDENCE

PROGRESS IN CONTROL OF MENTAL DISEASE

Under the title of *Man's Last Specter*, Inis Weed Jones writes a compelling article for the December *Scribner's Magazine* on the cause and cure of insanity. Among other factors in mental disease she gives special attention to dementia praecox, or schizophrenia, and much of what she says is worth repeating here both as a fine example of popular presentation of a difficult subject, and for the hopeful note as regards the study of this serious and prevalent malady. After pointing out the facts that schizophrenia is the most common mental illness, that it is hardest to cure, and costs \$350,000,000 annually, she mentions some of the preventive work now in progress:

*Most students of this problem agree that a frequent characteristic of young people who become schizophrenic is failure to reach in all particulars an adult state of personality development, hence their inability to make a successful adjustment in all particulars from protected home life to the world outside. Hence, too, the gradual split in personality as they retreat into an imaginary, then a delusional, world. Many of these cases are of the intelligent, but shy, day-dreaming, shut-in type who prefer to be alone and show no desire to mingle with other children.

One great hope in dealing with schizophrenia, indeed with all types of mental disease, is found to be the growth of child guidance and other psychiatric clinics of which we now have over 700. They are supported by many social groups, by some public schools, and importantly, by an increasing number of state hospitals. To these clinics three types of children are brought: those with mental and physical capacity who for some reason are not making the grade either in learning or in physical habits; the anti-social type at odds with our social and ethical code; and the a-social children already described as the type that many times becomes schizophrenic. This should affect hospital admissions, and does. In the New York State Psychiatric Institute and Hospital, for example, it was noticed that rarely have their young patients received attention in a child guidance clinic or been seen by a psychiatrist, though their histories, in many cases, showed them to be problems in one way or another. Eventually we shall have courses in the public schools to teach children control over their emotions, the forces that eventually make or break us regardless of our formal education. Such an experiment

* The National Committee for Mental Hygiene has just begun an exhaustive study of the whole research problem of schizophrenia, financed by the Supreme Council, 33°, Northern Masonic Jurisdiction, U. S. A.

has already been undertaken in Boston. Meanwhile, more teachers, physicians, parents, and club directors need to appreciate the profound importance of clinical care.

Let me cite the work done for a potential schizophrenic in one of our best mental clinics through which in ten years 2,200 children have received treatment. A high school principal sent to the clinic a brilliant lad who for some inexplicable reason had ceased to do well in his work. The boy told the director frankly what was preying on his mind, masturbation. His mother is a mental patient and his father had told the boy he, too, unless he overcame this habit, would go insane. Remorse over this practice gripped his mind. His pride was in the dust over failure at school. And the father's dictum had so increased the boy's sense of weakness that fear preyed upon him continually. Obviously these emotions were working far more damage than the habit itself. In addition, the director soon discovered that the boy's emotional life was also disturbed by various conflicts with his father and brother-in-law. That the lad had begun staying away from school and now felt so wretchedly ill that he was spending much of his time in bed shows how profound was his disturbance. As he talked over his fears and conflicts he gradually regained his confidence, got back into harness, made one of the ten best records in a class of 1,600, and did well in camp. Today he is an all-round college man.

From what has been said about shy, unsocial children, and from the case cited, it should *not, however, be inferred* that all retiring children and all those who masturbate are potential schizophrenics. Many of the former are merely thoughtful or sensitive. As to the latter, experience shows that masturbation is a common difficulty incident to sex growth. Any deficiencies in psycho-sexual adjustment are only one factor of of the many involved in this complex form of mental disease. Among many boys who will never become mental cases, masturbation is a frequent source of worry because they are haunted by the mistaken but still persistent fear that it causes insanity. A child's nature is already under sufficient stress of conflict without increasing it by this fearful specter of insanity. And certainly it can only make matters worse for the child who is a potential mental patient.

IS LEGAL MARRIAGE LOSING GROUND?

Dr. Charles W. Margold, honorary fellow of Brookings Institution, Washington, D. C., and author of *Sex Freedom and Social Control*, (University of Chicago Press, 1926) sends us the following interesting summary of the findings of an international statistical study on this subject on which he has been working for many years. The complete report, which is forthcoming in book form, deals with over a billion and a half marriages in 54 countries and in 92 leading cities. The evidence, Dr. Margold states, is to the effect that legal

marriage has increased extensively during the past fifty to seventy-five years and more. Other conclusions follow:

It is the first marriages that largely continue to make up the mass of the marrying and that are increasing relatively per 100 marriages by even larger net averages in the countries—though not in the leading cities—than the net average increases of the divorced remarrying.

Though the brides and the grooms under 29 years old constitute most of the marrying, they show the smallest relative number of the divorced remarrying of all the five age groups, the divorced remarrying reporting by far the smallest net average increases, they even reporting decreases in the greater number of the countries and of the leading cities in the earliest age groups.

The couples of brides and grooms both marrying for the first time are, on an average (in the countries and in the cities) not only many times as numerous as all the eight remaining types of couples combined, but are, indeed, increasing relatively in the countries by net averages that are three to twenty-five times as large as the net average increases of the other six types of couples that show increases.

The bachelors and the spinsters married by the spinsters and by the bachelors, are considerably more numerous per 100 respective marriages in the countries and in the cities, than the bachelors and the spinsters married by the widowed and by the divorced; they alone, indeed, show increases relatively in the countries, the bachelors and the spinsters, both those married by the widowed and those married by the divorced,—excepting the spinsters per 100 marriages of the divorced men—showing decreases.

Most brides and grooms are marrying somewhat earlier today than formerly, the grooms having become younger by wider margins more often than the brides in most of the types of the marrying, the brides, however, continuing to marry earlier than the grooms almost invariably.

The number of couples of brides and grooms both of like age at marriage is increasing in the ten five-year age groups, especially among the couples of brides and grooms both marrying for the first time in the age group 20–24 years old where the per cent of like age at marriage is also highest in the latest data.

Both the number of brides who marry grooms an age group or more older than themselves, and the number of brides who marry grooms an age group or more younger than themselves, are decreasing relatively among the thirteen types of couples, the former almost invariably but the latter somewhat less so in the greater number both of the countries and of the leading cities.

Intermarriage is increasing both between the religious groups and between the ethnique groups but considerably more between the former than between the latter in our data.

The Catholic and the dominant grooms marry Jewish brides, and the Catholic and dominant brides marry Jewish grooms somewhat more increasingly by the number of localities—as do the second dominant grooms, the dominant brides, and the second dominant brides; the dominant grooms—the Jewish and the unspecified grooms, however, inclining to marry the several types of brides, and the Jewish and unspecified brides inclining to marry the several types of grooms equally increasingly.

FACING THE PROBLEMS OF YOUTH

Writing editorially in the *National Parent-Teacher Magazine*, under this title, Mrs. Franklin D. Roosevelt speaks, as usual, frankly and clearly:

Education today is not purely a question of the education of youth; it is a question of the education of parents, because so many parents, I find, have lost their hold on their children. One reason for this is that they insist on laying down the law without allowing a free intellectual interchange of ideas between themselves and the younger generation. I believe that as we grow older we gain some wisdom, but I do not believe that we can take it for granted that our wisdom will be accepted by the younger generation. We have to be prepared to put our thinking across to them. We cannot simply expect them to say, "Our older people have had experience and they have proved to themselves certain things, therefore they are right." That isn't the way the best kind of young people think. They want to experience for themselves. I find they are perfectly willing to talk to older people, but they don't want to talk to older people who are shocked by their ideas, nor do they want to talk to older people who are not realistic.

We might just as well accept things which are facts as facts and not try to imagine that the world is different, more like what we idealized in the past. I had a letter just the other day from a mother who told me that she had brought up several daughters, and that they never did certain things which are very common today among young people. She was sure that if we never countenanced or spoke of certain things in our homes our children would never do those things. Well, it just so happens that I have a number of boys and they happen to know this mother's girls. I have, therefore, seen a good deal of them, and they did every single thing that their mother told me they never did. I think it would have been far better if she had established a type of genuine relationship with her children which would have allowed them to be honest with her. Then she would

have had an opportunity to put across her own ideas with some kind of hope that they would at least be considered.

But if the relationship is such that youth has no desire to talk to older people, then, I think, it is entirely impossible to help the youth of today—and they need help badly. I think they are very glad to have it, too, when it is given in a spirit of helpfulness, not self-righteousness. We don't need to idealize things that are past; they look glamorous, but perhaps they were not so glamorous when we really lived through them.

My own feeling would be that the most important education is the education which will enable us, both in our homes and in our schools, to understand the real problems that our children have to meet today. It is easy enough to impart book knowledge, but it is not so easy to build up the relationship between youth and older people which is essential to the working out of their problems—very difficult problems on which young people need our leadership and our understanding.

We cannot pass over the fact that the world is a hard world for youth and that so far we have not really given their problems as much attention as we should. We smile—I smiled myself the other day when one young boy said that he hoped to go in and clean up politics. Politics need to be cleaned up, of course. Everything that is human needs that particular kind of enthusiasm. But we older people know that we don't always succeed as easily as these young ones think they can. Yet I doubt if we should smile. I think that we should welcome their help, and find places where this tremendous energy that is in youth—if it cannot be used immediately in making a living—may at least be used where it is so greatly needed today.

I should like to leave with you this one idea which I have been thinking about a great deal of late: the necessity for us as parents, as teachers, as older people, to put our minds on the problems of youth, to face realities, to face the world as it is and the lives that they have to live—not as we wish they were, but as they are—and, having done that, to give our sympathetic help in every way that we can.

BOOK REVIEWS

READINGS IN THE FAMILY. By Ernest R. Groves and Lee M. Brooks. Lippincott, Philadelphia, 1934. XXV, 526 p. \$3.50.

In this new volume in the Lippincott Family Life Series, edited by Prof. Benjamin R. Andrews, Professors Groves and Brooks provide a discriminating selection of readings from some two hundred and fifty sources ranging all the way from Pliny to Popenoe. Following the general outline of *The American Family* for which it will serve as a source book for supplementary readings, it is none the less valuable for independent study. It draws upon both historical and recent scholarship to discuss the family in its origins, its development and in its many and varied aspects in modern life.

Following an introductory chapter on the social significance of the family from the usual standpoints of biology, anthropology, history, sociology and philosophy, about a third of the readings consider the subject historically—the primitive family, the Hebrew, Greek and the Roman family. A chapter on European background, and one on the Colonial family prepare the way for a discussion of the American Family to which the major portion of the readings are devoted. Social and economic conditions as they affect family life, its emotional and behavior aspects, divorce and desertion, the broken family, the incompatible family, illegitimacy, prostitution, and housing are a few of the subjects discussed.

The family itself is a problem all too familiar to the student who sees monogamy threatened by pleas for mode liberal codes by companionate experimentation, and a breaking down where success should be expected. To these the "approaches," legal, eugenic, educational, economic, and hygienic, offer constructive suggestions to offset conditions which modern living has brought about.

To the individual who reads this book either for purposes of research or pleasure I can guarantee a thoroughly gratifying experience. In his foreword Prof. Benjamin Andrews states, "In this source book Professor Groves and Professor Brooks present facts and observations of many writers in many lands pertaining to the institutions of family life, and make them available to the increasing number who see in the adjustment of family life along democratic and social lines, the solution of problems not only of the family but of society itself. If we can balance individualism and group demands and achieve welfare for one and for all, in this little state of the home, we shall learn to balance individualism and social demands in the larger society.

"Everyone is interested in wholesome family life as his own source of the deepest and most significant satisfactions; and no well wisher of mankind is conscious of any other center of practical personal adjustments where the benefits to humanity will be more real, more

widely diffused, or more appreciated. The democratic, equalitarian ideal which progressive American families are seeking for themselves is already the motivating change in the relations of men and women to each other and of the family to society in all nations to the ends of the earth."

The authors have not allowed personal bias or opinion to influence their choice of material. Many of the readings obviously do not express their convictions but are included to stimulate discussion.

MARION SIMONSON.

PERSONAL HYGIENE APPLIED. By Jesse F. Williams. Fifth edition, revised. Saunders, 1934.

This Association has always recommended that social hygiene be an integral part of college courses in hygiene, sociology, biology, psychology, home economics, etc. It is, therefore, important to note here that two well known college text books of hygiene, this one by Professor Williams of Columbia University, and the other, *A College Text-book of Hygiene*, by Professors Smiley and Gould of Cornell University, reviewed in the JOURNAL for June, have been revised during the past year. Dr. Williams has rewritten the chapter (17 pages) on *Hygiene of the Sexual Aspects of Life* so as to stress the social and æsthetic meanings of sex. Drs. Smiley and Gould devote 32 pages to *The Genital System*, giving more attention to anatomy, physiology, and embryology, but not neglecting to direct the students' attention to the æsthetic and social aspects of sex. These books are excellent examples of integration of social hygiene in college hygiene. Moreover, the chapters mentioned deserve recommendation for reading by students who do not use these books in regular college work.

M. A. BIGELOW.

YEAR BOOK OF THE NATIONAL PROBATION ASSOCIATION. New York. 1935. 285 p. Board bound \$1.50; paper \$1.00.

This volume has come to constitute a critical survey of standards and methods in the whole field of penology and related sociology, and as such is a valuable reference book for all who are interested in problems in these realms. Officially, the *Year Book* is the record of addresses and discussions at the Association's annual conference, held this year in connection with the National Conference of Social Work at Montreal in June. The section headings included in the *Table of Contents* indicate the range of topics: *Juvenile Courts in the Social Welfare Field; Publicity; Case Work with Delinquents; Adolescent Needs and Problems; the Psychiatric Approach; the Home, the Court and the Community; Techniques of Crime Prevention; Federal Crime Control*. The list of authors—Justin Miller, Sanford Bates, Jane Deeter Rippin, Jonah J. Goldstein and George V. Anderson—to mention a few, is equally indicative of sound conclusions. A summary of legislation and decisions affecting probation and juvenile courts, compiled by Francis H. Hiller, a section devoted

to a description of the Association's activities and organization, and a useful index, complete the *Year Book*.

JEAN B. PINNEY.

GIRLS ON CITY STREETS. A Study of 1,400 Cases of Rape. By Jacob A. and Rosamond W. Goldberg. New York. 1935. Distributed by the American Social Hygiene Association.

"Sex education has been variously regarded as the function of parents, the church and the school. There is no denying that this type of education is best imparted by the mother to the daughter,—the father to the son . . ." (Page 357, *Girls on City Streets—A Study of 1,400 Cases of Rape*). This is the theme of the book written by Dr. Jacob A. Goldberg and his wife, Dr. Rosamond W. Goldberg.

The analysis of facts, recounted in the book, gives meaning to the Biblical admonition that the sins of parents are visited on the children—not by way of punishment, but as a natural sequence. The delinquencies of those grown up are often responsible for the delinquencies of those who are growing. As has been aptly said, it is better to build boys than to mend men. In the same way, it is better to build little girls than to mend women.

Reading the book, one is forcefully reminded of the truism that no girl ever became a prostitute by herself. It takes two to commit the act, man and woman, but the consequences are heaviest and most severe on the woman.

Better boys, better men—better girls, better women—better men and women, better parents—better parents, better homes—better homes, better children. And just as true as the night follows the day, better children today, better parents tomorrow and better children the day after.

The book, *Girls on City Streets*, is provocative and will serve those reading it as a reflecting mirror of existing social conditions and should, if they have a gram of human conscience in themselves, compel them to join the army of social workers.

By social workers I don't mean those that graduate from schools of social work, or who engage in social service as a profession, but rather all those who are interested in a better tomorrow and are willing to do something to bring it about.

JONAH J. GOLDSTEIN,
City Magistrate, New York City.

Special Announcement

We take pleasure in announcing that the three-reel talking film, *Science and Modern Medicine*, prepared by a special committee of the Association to accompany the drama, *Damaged Lives*, may now be had for non-commercial showings separately from the drama. The film deals with the process of human reproduction and with the so-called venereal diseases—syphilis and gonorrhea—and their effects on individual health and family life.

Prices are as follows:

	35 mm	16 mm	
For purchase	\$145.00	\$75.00	Transportation
For rental (per day)	6.00	6.00	charges extra

Ask for free booklet, *A Three Point Program in Health Education*, Pub. No. 852, which gives scenario and text, and outlines of the Special Series of pamphlets prepared by Dr. William F. Snow, *Health for Man and Boy*, *Women and Their Health and Marriage and Parenthood*, which are recommended to supplement this film. These may be secured for 15 cents per set, \$1.50 per dozen sets, \$7.00 per 100 sets, and \$40.00 per 1,000 sets.

This month.—Worth waiting for, is the verdict we hope our readers will grant us on this number of the JOURNAL, which, to coin a phrase, has been unavoidably delayed. Advance requests for the various articles as announced in the *Social Hygiene News* indicate a good deal of popularity. We have reprints of all of them. Dr. Stokes' *The Public, the Doctor and the Syphilis Problem* is Pub. No. 960; Mr. Towner's *Case of Youth vs. Society* is Pub. No. 966; Mr. Edson's *Love, Courtship and Marriage* is Pub. No. 932. Usual prices, ten cents each, 80 cents the dozen, \$5.00 per hundred. Incidentally, while this number of the JOURNAL is twice its usual number of pages, we are not asking double price for single copies. Fifty cents only. Free to members, of course.

Next Month.—January, that is—this quarterly plan is a little confusing—the Conference on Education for Marriage and Family Social Relations has requisitioned the whole number for its *Official Report*. We gave you the *High Points* of this novel and inspiring meeting, held in July, 1934, at Columbia University under the auspices of Teachers College, the American Home Economics Association and the A.S.H.A., in the December, 1934, JOURNAL. We still have reprints of this brief statement, if you prefer them, (Pub. No. 900. Ten cents.) but the full report is promised to contain much valuable new material, including references to existing educational projects for those who want to see theories in action. The price will be the same as for any regular issue of the JOURNAL, 35 cents. Advance orders are now being received. A good many of them, too, so we suggest getting yours in early.

A New Book.—Judge Goldstein, who gives Dr. and Mrs. Jacob A. Goldberg merited praise for their just published *Girls on City Streets* (p. 397) should know from daily experience whereof he speaks. Long before this book was off the press the A.S.H.A.

as distributors began to get rush orders, and they continue to come. As a first effort to make a group analysis of personal, home and community factors in cases of rape, social workers, youth leaders and parents will find it an honest, readable appraisal and a helpful guide to improvement of conditions. *First edition copies*, 384 p. \$2.50. 10% discount to members.

Membership Service.—"Service" is a living word in this connection. We wonder if all our members keep in mind and use to full benefit the many privileges to which membership entitles them? Remember, if yours is an *Annual Active Membership* (dues \$2.00) you should be receiving the JOURNAL, the *News*, and single copies of pamphlets you may request, without charge, as well as 10 per cent discount on purchases of books from our recommended list and loan service from our library collection. If you have our *Library Membership Service* (dues \$3.00 yearly, payable direct or through your magazine subscription agency) in addition to the privileges mentioned above you should have received a *special library set of pamphlets* when your membership was enrolled, and new pamphlets automatically as they are issued. *Society Membership privileges* include two copies of everything, JOURNAL, *News* and pamphlets as published, plus a basic reference collection of books, important back numbers of the JOURNAL and other useful materials. And, of course, all members are invited to use, at any time, the national office advisory service on community social hygiene problems. In addition to seeing that you are getting full returns on your membership investment, now, with a new year soon beginning, is a good time to think of others who should be receiving the same benefits. If you know a friend or an agency who might find membership privileges useful, will you send in the name and address? Our Membership Committee will take pleasure in promptly looking after such suggestions.

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